

Name
in
Full

Mary Erena Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Cambridge
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Sebastian A. Adams	Father's Birthplace	Cambridge Md		
Mother's Maiden Name	Elizabeth Mills	Mother's Birthplace	Cambridge Md		
Name of person giving information	Sebastian A. Adams	How related	Father		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Tetanus Neonatorum		How long	36 hours
Immediate	Exhaustion		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. E. Walff	
		Address	Cambridge, Md.	
Accident or Suicide?				



Name
in
Full

Arthur Kene Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sep.</u>	Day <u>28</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Age	1		
Occupation			Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Arthur K. Austin</u>				
Mother's Maiden Name	<u>Carolyn in place</u>				
Name of person giving Information	<u>Arthur K. Austin</u>				

CAUSES OF DEATH

151

Primary

Prominent Birth

How long

Immediate

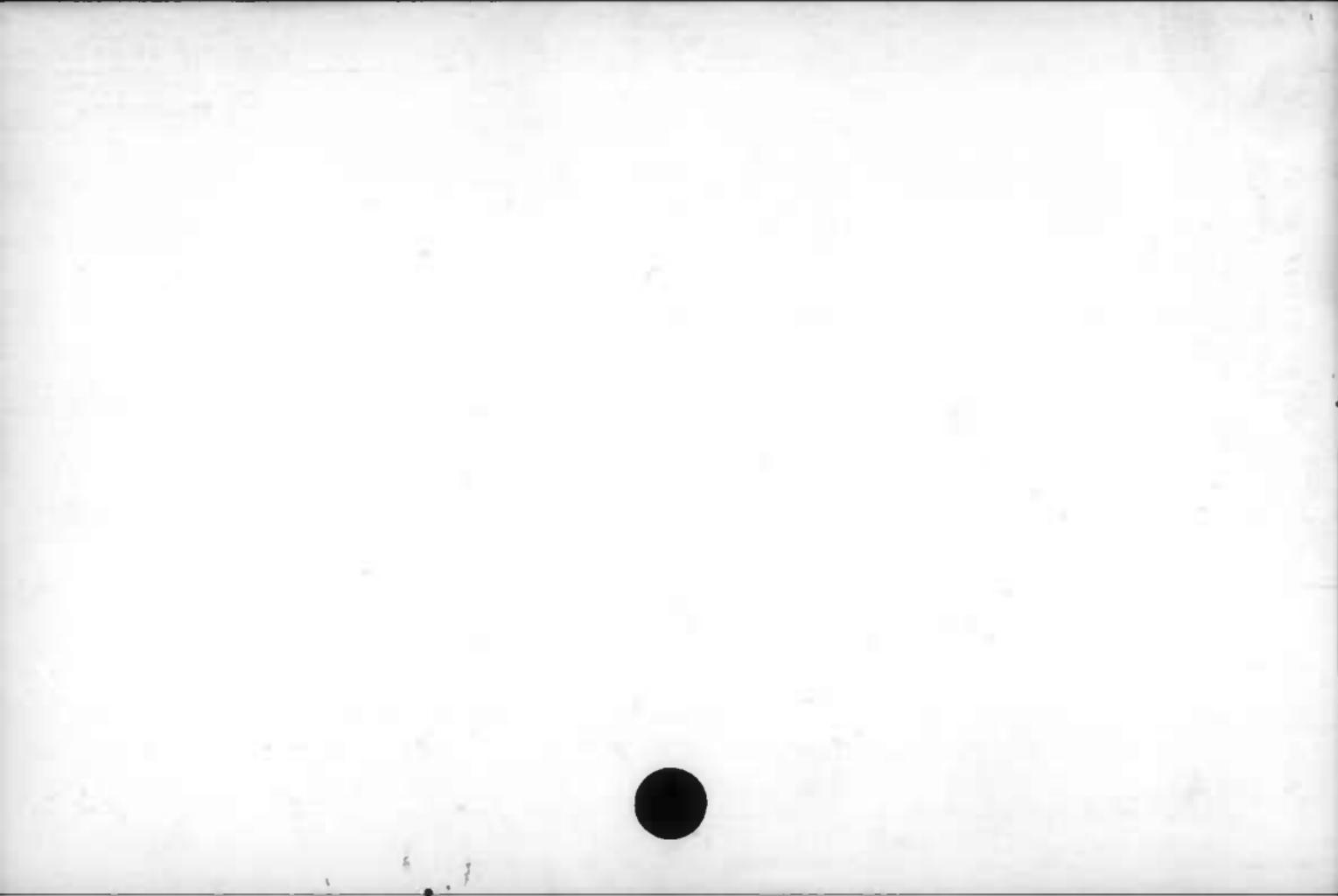
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Cenice Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at.		Town	County	MARYLAND		
Date of death	1908	Month September	Day 5 th	Years 56	Months -	Days -
Sex	Female	Color or Race	colored	Birth-place	Madison Md	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Harry Slater		Father's Birthplace	Don't Know		
Mother's Maiden Name	Cenice Slater		Mother's Birthplace	Madison Md		
Name of person giving information	Jasiah Bailey		How related to deceased	Son		

CAUSES OF DEATH

64

How long

over week

How long

Primary

apoplexy

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

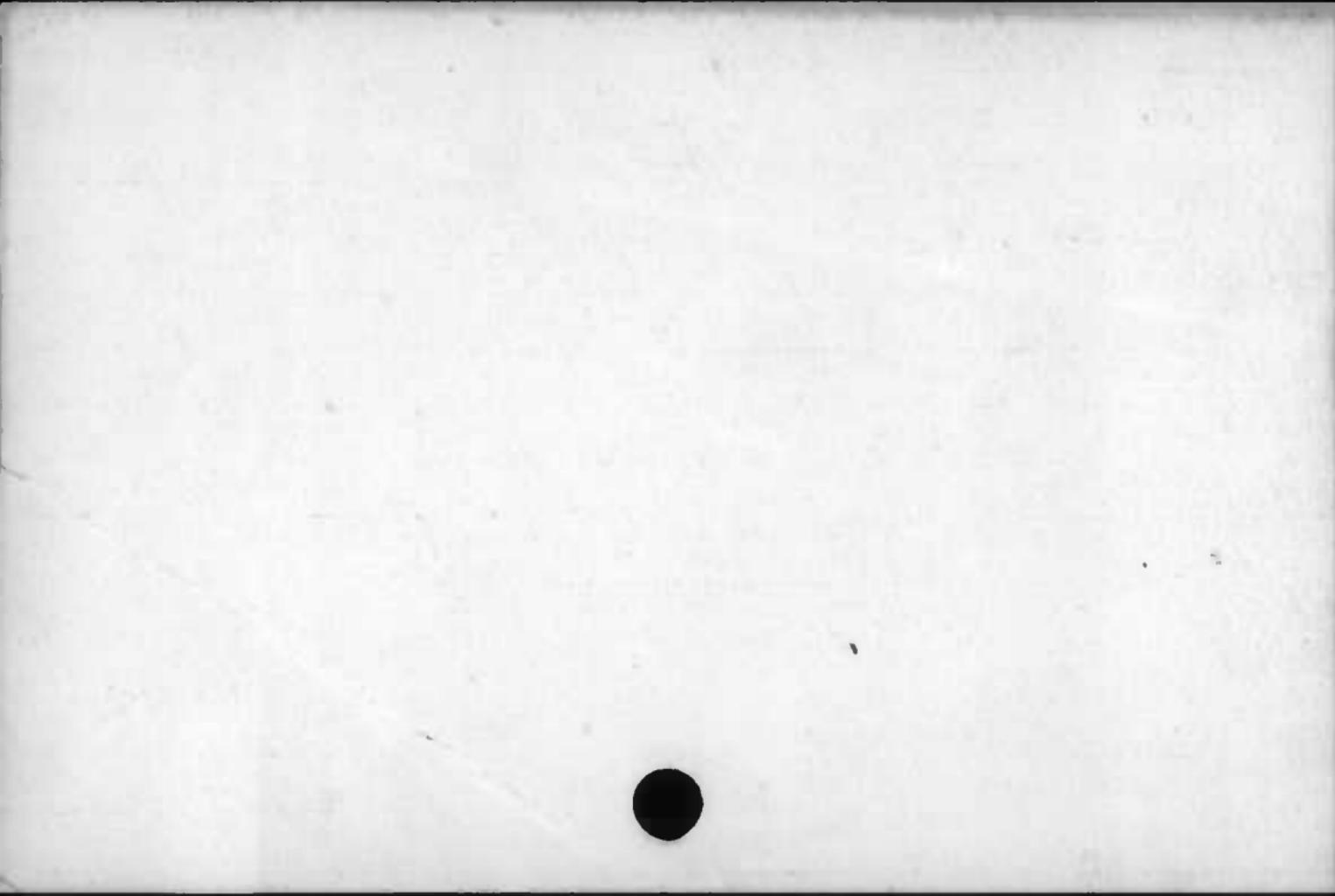
Signature of Physician

Address

J B Innes
Cambridge Md

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George W. Banks

CERTIFICATE OF DEATH

Died at ^{Town} Secretary		County Baltimore		MARYLAND	
Date of death 1908	Month Aug	Day 24	Years	Months 8	Days
Sex Male	Color or Race	Age Block		Birth- place Secretary	
Occupation			Where Residing if not at place of death Mootha J. Banks		
Married, Single or Widowed	Name of Wife or Husband		Mootha J. Banks		
Father's Name John W. Banks			Father's Birthplace Secretary		
Mother's Maiden Name Mootha J. Wilson			Mother's Birthplace Talbot Co.		
Name of person giving Information John W. Banks			How related to deceased Father		

CAUSES OF DEATH

105

How long

7 days

How long

7 days

Primary

Cholera dysentery

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

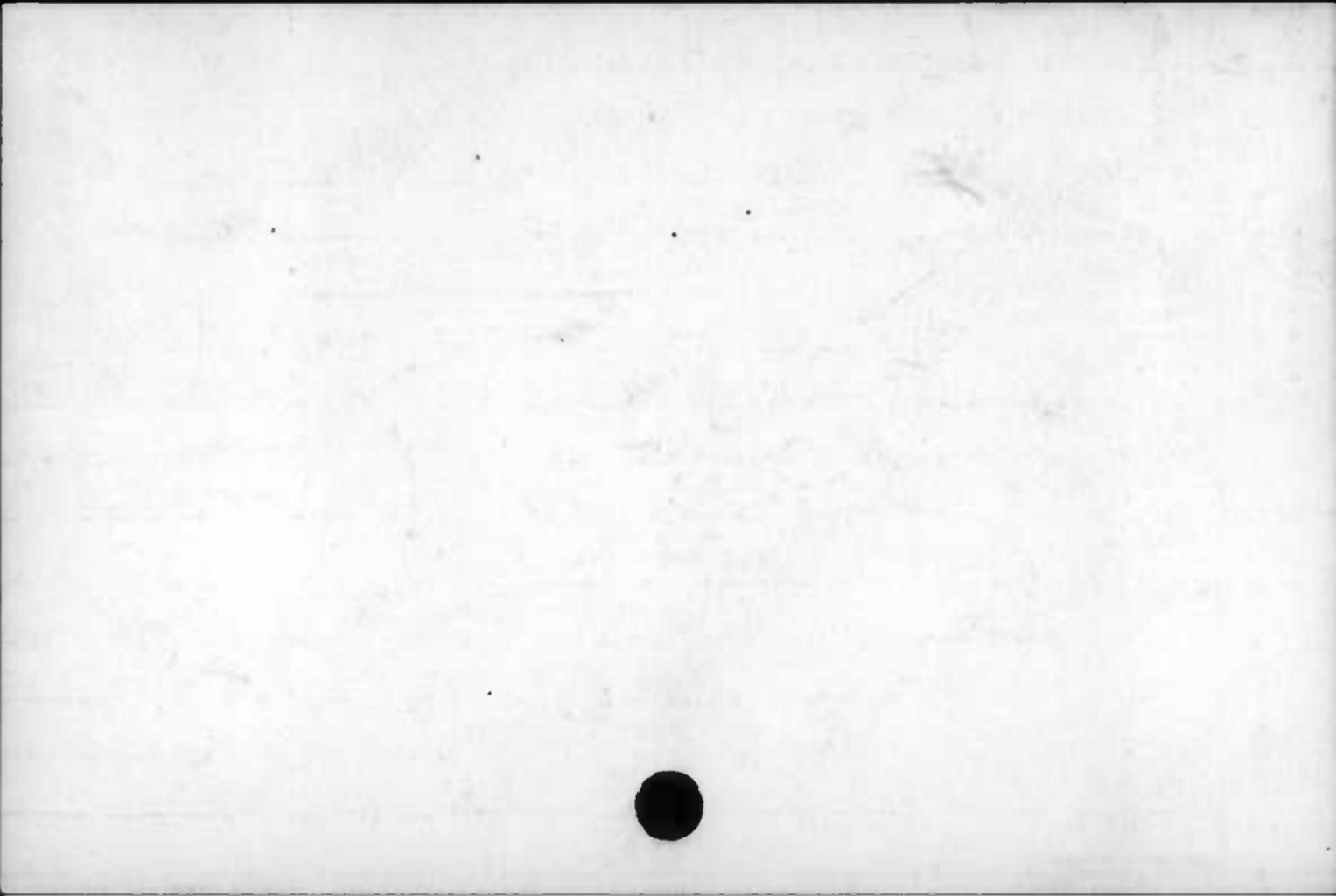
Yes

Signature of
Physician

Address

H. F. Nichols, M.D.
2 N. Howard, M.D.

Accident outside?



Name
in
Full

Lewis Baynum

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		Town	County	MARYLAND		
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>10th</u>	Years <u>~</u>	Months <u>6</u>	Days <u>~</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth place <u>Dorchester</u>				
Occupation <u>~</u>	Where Residing If not at place of death <u>~</u>					
Married, Single or Widowed <u>~</u>	Name of Wife or Husband <u>~</u>					
Father's Name <u>Lewis Baynum</u>	Father's Birthplace <u>Dorchester</u>					
Mother's Maiden Name <u>Bessie Cromwell</u>	Mother's Birthplace <u>Dorchester</u>					
Name of person giving information <u>Lewis Baynum</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis

Immediate

Exhaustion

How

Minutes

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Yes

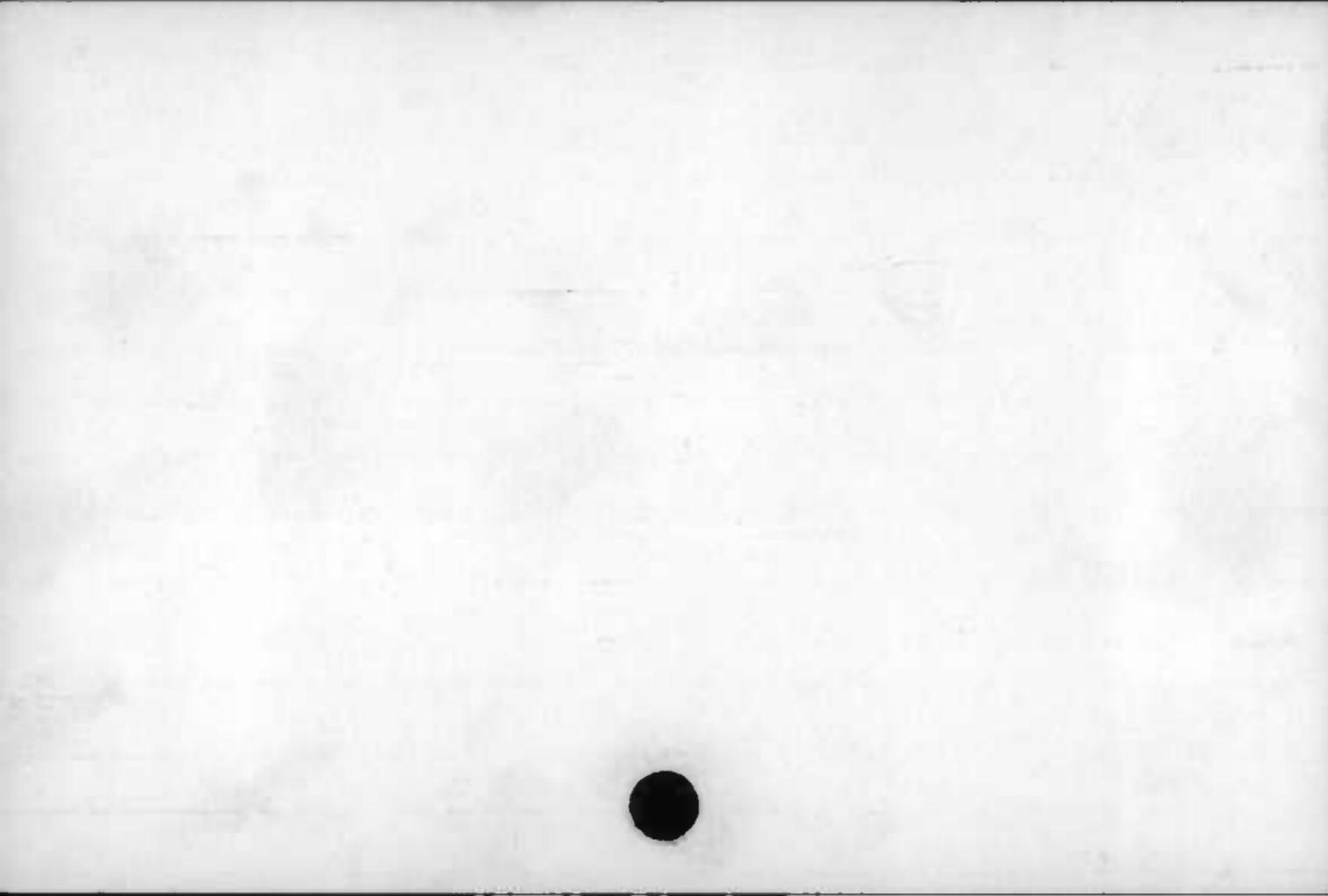
Signature of
Physician

Address

Dexter F. Reynolds M.D.

Cambridge, Md.

Accident or Suicide?



Name
in
Full

Mary Baynum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Noah Baynum			
Father's Name	James Welly		Father's Birthplace	Dorchester	
Mother's Maiden Name	Mary Fanny Jackson		Mother's Birthplace	Dorchester	
Name of person giving information	Noah Baynum		How related to deceased	Husband	

CAUSES OF DEATH

137

How long

10 days

How long

4 days

PHYSICIAN
OR CORONER

Primary

Principal Sepsis

Immediate

Tox. septic

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

M. W. Gofas borng

Place died at Cambridge
not Hospital.

Address

Cambridge

Accident or Suicide?



Name
in
Full

Charles H. Bell

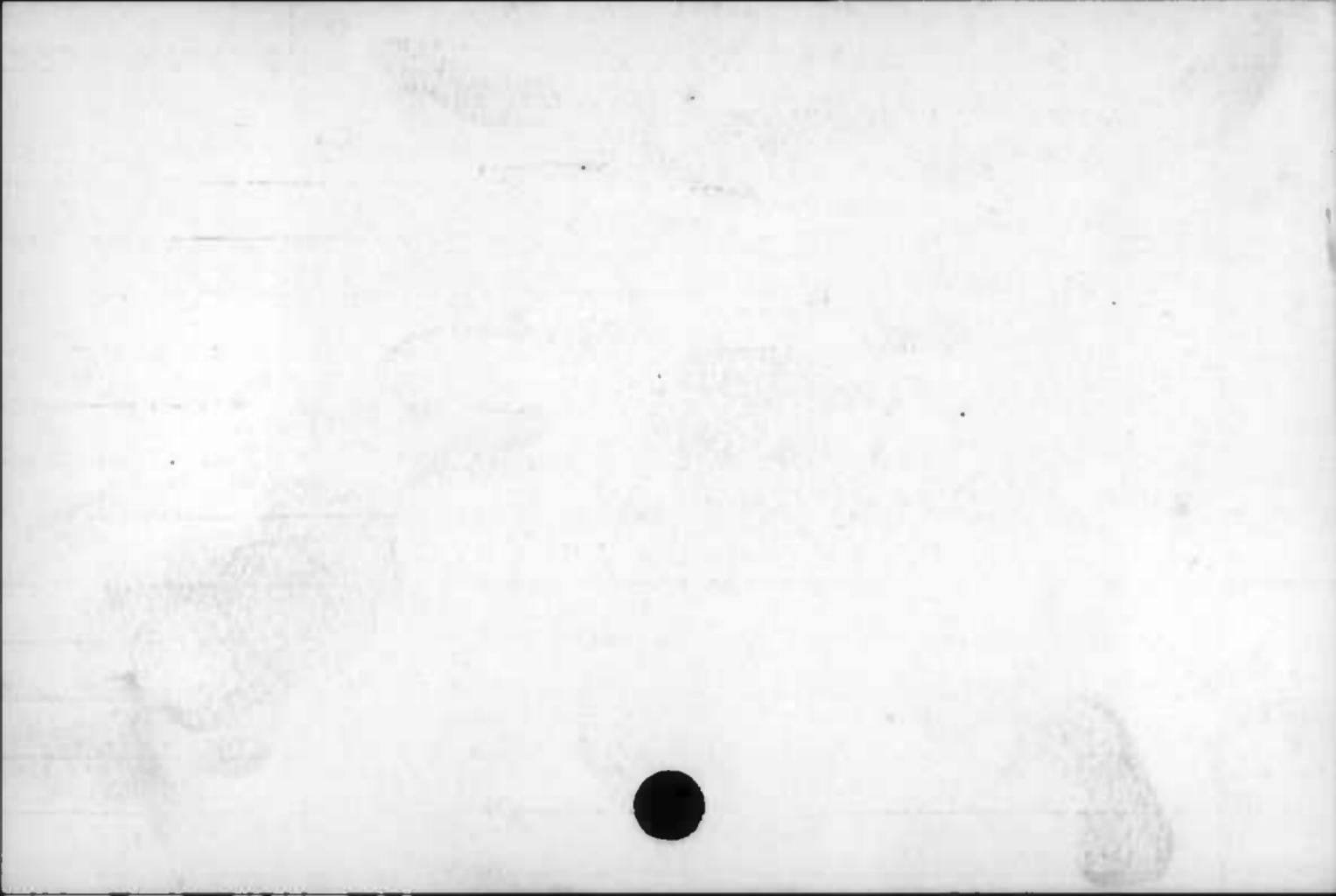
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Aug.	Day 01	Age 63	Years	Months
Sex	Male	Color or Race	white			
Occupation	Sailor		Where Residing If not at place of death Goldsboro Md.			
Married, Single or Widowed	Married	Name of Wife or Husband	Eugenia Bell			
Father's Name	Could not ascertain		Father's Birthplace	Unknown		
Mother's Maiden Name	Mrs - Thorne		Mother's Birthplace	Unknown		
Name of person giving information	Viola Merrick		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever		1	How long 2 weeks
	Immediate	Fever Pneumonia & gradual heart-failure		2	How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	George A. Stiehl	
			Address	Goldsboro Md.	
Accident or Suicide?		No			



Name
in
Full

Ida L. Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge

Town

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

Sept

8th

20

Age

Sex

Female

Color or Race

Colored

Birthplace

Dorchester

Occupation

Nurse

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Birthplace

Father's
Name

William Berry

Orme

Mother's
Maiden Name

Margit L. Wallas

Mother's
Birthplace

Name of person giving
Information

Margrat L. Wallas

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

Six months

Immediate

Insomnia

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Sexter F Reynolds

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Joshua Boweley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town Cambridge	County Dorchester	MARYLAND		
Date of death	Month September	Day 13	Years —	Months 1	Days 13
Sex	Male	Color or Race	Beach	Birth- place	Cambridge, Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	John B. Boweley	Father's Birthplace			
Mother's Maiden Name	Emma Boweley	Mother's Birthplace			
Name of person giving Information	John B. Boweley	How related to deceased			

CAUSES OF DEATH

150

How long

Primary
Hemorrhage from a fracture of head
How long

Immediate
Spasms

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

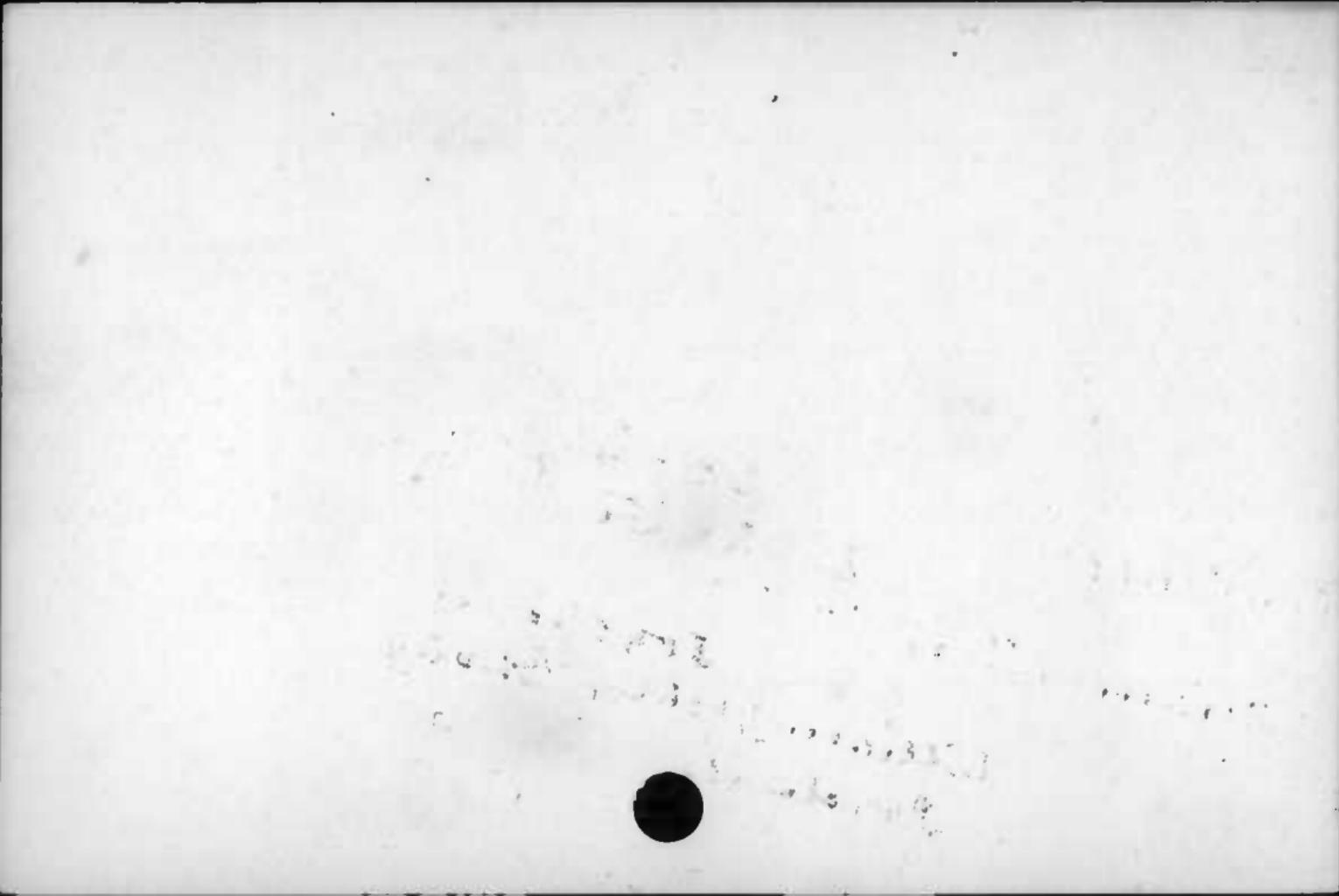
No physician

Yes

Address

James Sullivan
Justice of the Peace

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ladd Jane Camper

CERTIFICATE OF DEATH

Died at

Town

County

Cambridge

Dorchester

MARYLAND

Date
of death

1908

Month

Day

Years

Month

3

Days

~

Sex

Female

Color or
Race

Colored

Birth-
place

Cambridge

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Cooper

Father's
Birthplace

Cambridge

Mother's
Maiden Name

Mary Camper

Mother's
Birthplace

Cambridge

Name of person giving
Information

Georgie C. Conk

How related
to deceased

nor a wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

1 year

Immediate

Gradual Exhausting

How long

Are the name, age, sex, color, date
and place correctly given above?

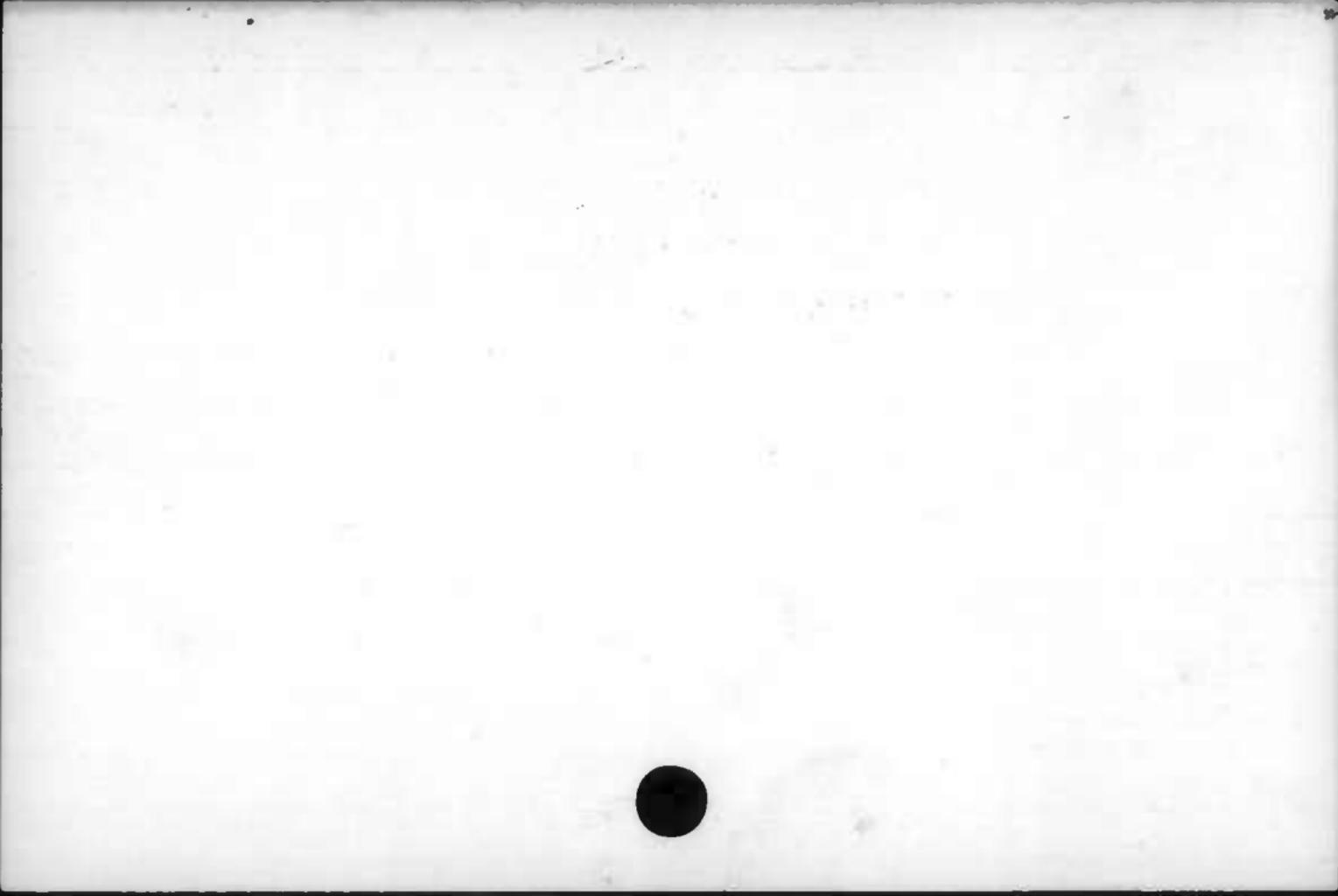
Yrs

Signature of
Physician

Address

Lucy Steele
Cambridge Md.

Accident or Suicide



Sarah Cane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Bucktown	
Occupation	Housewife		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Cane		
Father's Name	Arch Clash		Father's Birthplace	Bucktown Dorchester Co		
Mother's Maiden Name	Mary Stiles		Mother's Birthplace	Dont Know		
Name of person giving information	Martha Campen		How related to deceased	Sister		

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary Typhonic Fever How long Some weeks

Immediate Intestinal Hemorrhage How long 2 or 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

BW Bolasbridge
Calundajetha

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Dolcie Collemon						CERTIFICATE OF DEATH		
Died at 74 Keweenaw			County			MARYLAND		
Town		Date of death 1908		Month 9	Day 15	Years 74	Months	Days
Sex	female	Color or Race	bever	Age		Birth-place	Dor Co	
Married, Single or Widowed	Single	Occupation		none				
Name of Wife or Husband	none							
Father's Name	Spencer Jones	Father's Birthplace		Dor Co				
Mother's Maiden Name	Jane Collemon	Mother's Birthplace		Dor Co				
Name of person giving information	Dor Co	How related to deceased		mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

How long

3 weeks

Immediate

the same

How long

Are the name, age, sex, color, date and place correctly given above?

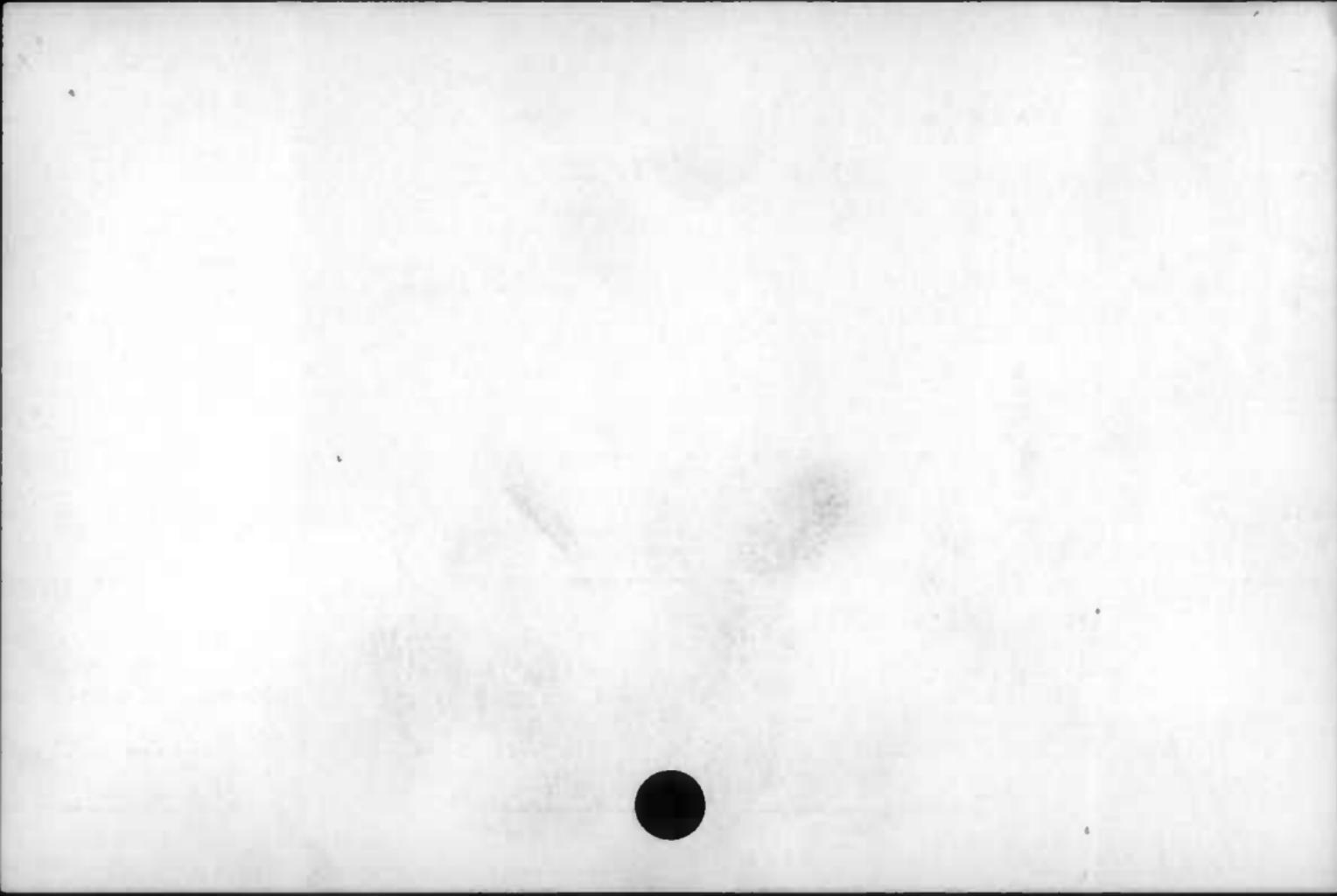
Yes

Signature of Physician

Address

G. Roy Myers
Hudson 2nd

Accident or Suicide?



Name
in
Full

William O. Coleman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Cambridge	County Dorchester	MARYLAND	
Date of death	Month Sept	Day 2	Years 23	Months —
Sex	Male	Color or Race colored	Birth- place Hullock	Days —
Occupation	Where Residing if not at place of death Hullock			
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	John W. Coleman			Father's Birthplace Hullock
Mother's Maiden Name	Ida Neal			Mother's Birthplace Cabin Creek
Name of person giving information	John W. Coleman			How related to deceased Father

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary Typhoid fever	How long sometimes
Immediate Exhaustion	How long 2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address John W. Coleman Cambridge, Md.
Accident or Suicide?	

① null

Name
in
Full

Margaret Rue Cotman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		State	
Carmbridge		Dorchester	Md		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Sept	26	1	3	15	
Sex	Female	Color or Race	Black	Birth-place	Summerset Co	
Occupation	Babys	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of wife or Husband		Carmbridge Ma		
Father's Name	Henry Wilson	Father's Birthplace		Summerset Co		
Mother's Maiden Name	Lizzie Boddy	Mother's Birthplace		"		
Name of person giving information	Lizzie Boddy	How related to deceased		Mother		

CAUSES OF DEATH

104

Primary

Stomach Complaint

How long

2 weeks

Immediate

11

11

How long

" "

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

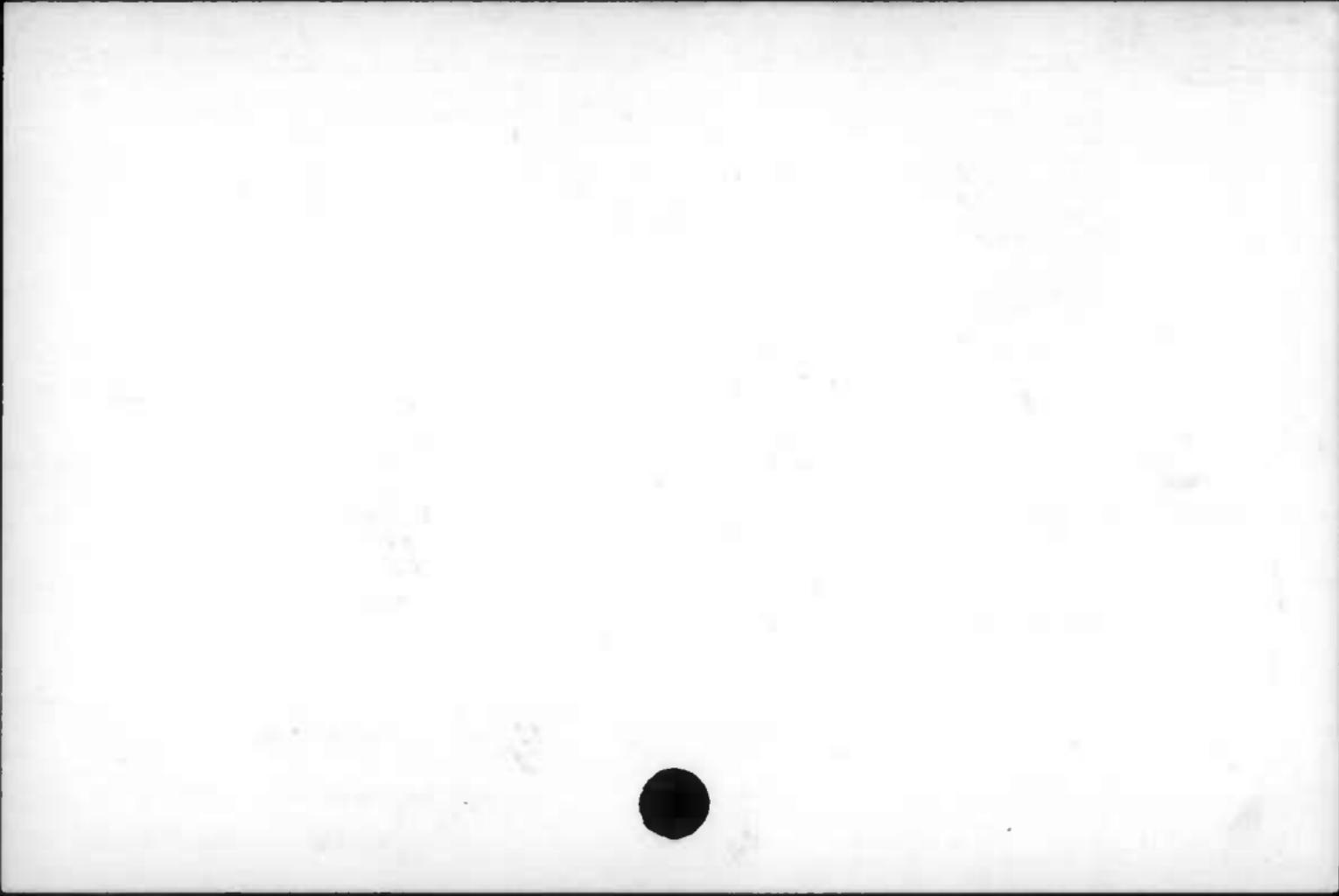
Address

yes

No physician are

Carrie & Shirane
Justice of the Peace

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harriet Belle Rainier

CERTIFICATE OF DEATH

Died at
Hmlock

Town

County

MARYLAND

Date
of death 1908

Month
Apr

Day
4

Years
78

Months
6

Days

Sex
Female

Color or
Race

Age
78

Birth-
place

Dorchester Co.
Preston Md.

Occupation

Housewif

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Wife or
Husband

John M. Dennis

Father's
Name

John Rainier

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Margaret Bell

Mother's
Birthplace

" "

Name of person giving
Information

Jesse J. Dennis

How related
to deceased

Bro

CAUSES OF DEATH

40

Primary

Pathological
Stomach

How long

3 weeks

Immediate

Exhaustion

How long

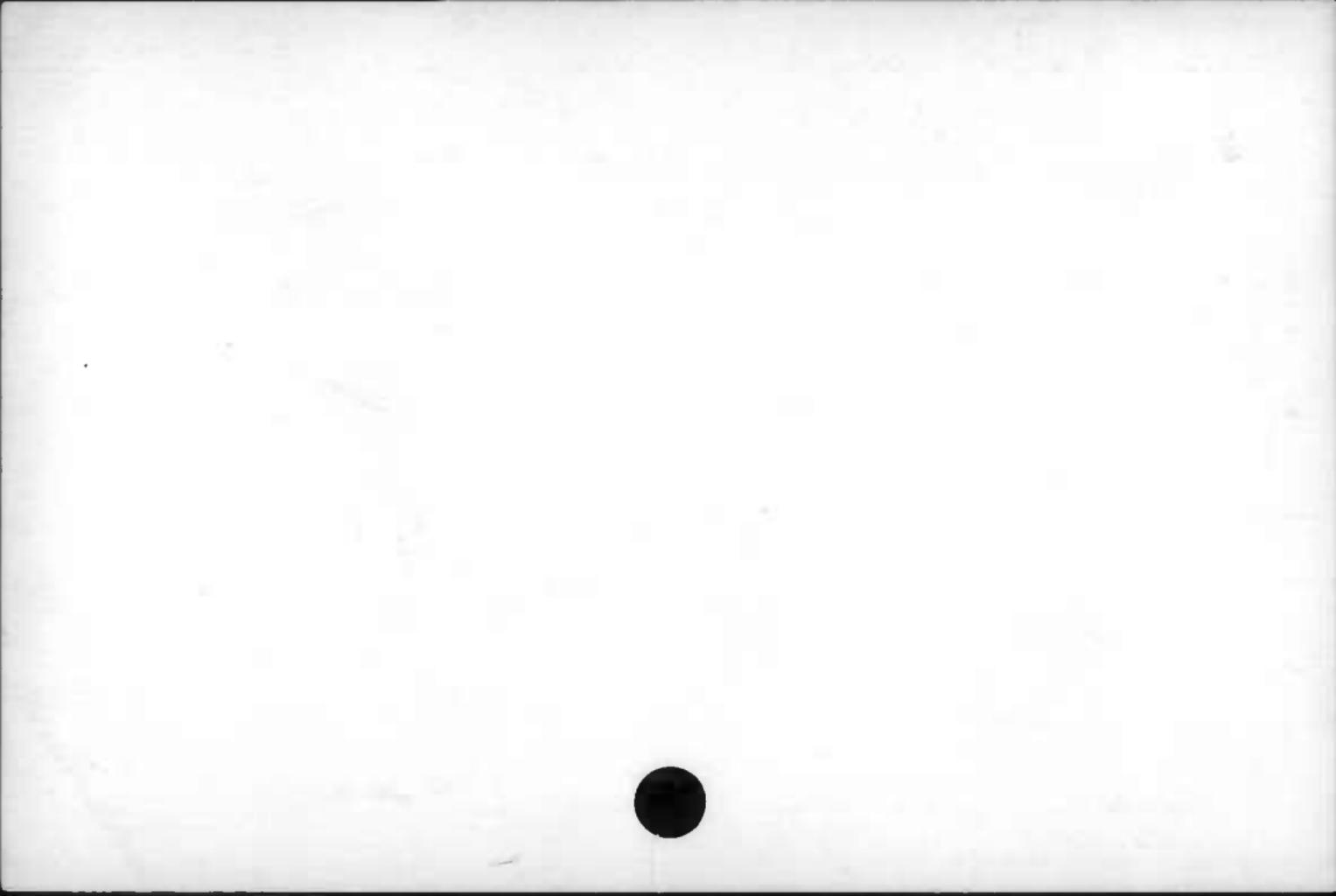
J. Hobbs
Preston Md.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Alberta Ennels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1908	Sept	14	12			
Sex	Female	Color or Race	Colored			
Occupation	None					
Married, Single or Widowed		Name of Wife or Husband	Where Residing if not at place of death			
Single		Julia Ennels	-			
Father's Name	Robt H. Ennels					
Mother's Maiden Name	Julia Ennels					
Name of person giving Information	Robt H. Ennels					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

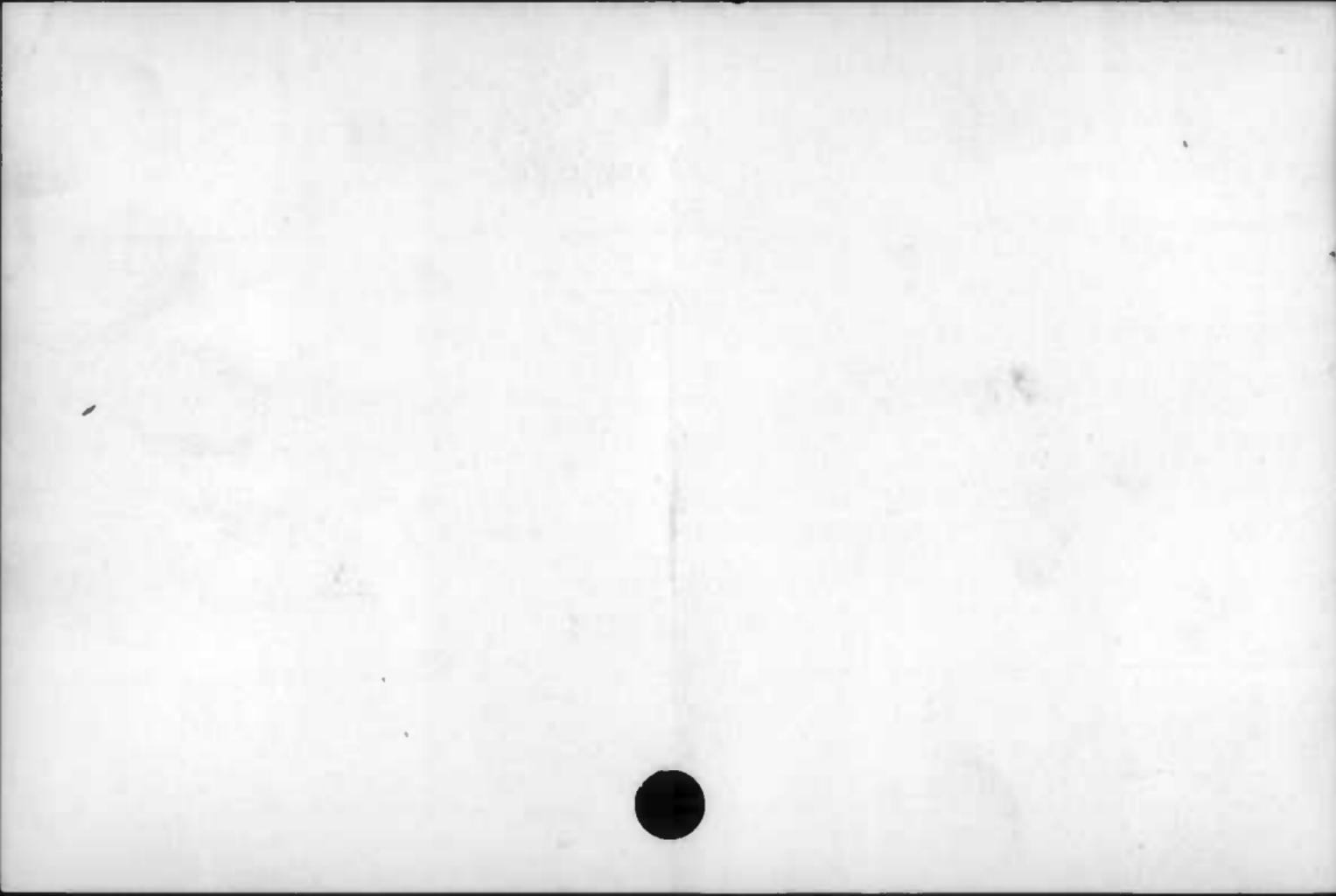
Yes

Signature of Physician

Perry Spangler
Wingate - MD

Address

Accident or Suicide?



Name
in
Full

Clifton Hamilton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		Where Residing if not at place of death		Birth-place		
Occupation							
Married, Single or Widowed	Name or Wife or Husband						
Father's Name	Unknown				Father's Birthplace		
Mother's Maiden Name	Nettie Hamilton				Mother's Birthplace		
Name of person giving Information	Leland Stanley				How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Encephalitis

How long

3 mos

Immediate

Seizures

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. A. Stokes M.D.
Carnesville
Md

Accident or Suicide?



Name
in
Full

Dawne Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	
Occupation	School Girl		Where Residing if not at place of death	Cambridge Md	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	L.H. Hughes		Father's Birthplace	Dorchester Co	
Mother's Maiden Name	Not Known		Mother's Birthplace	Dont-Know	
Name of person giving information	Not Known		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphnia Tars

How long

4 weeks

Immediate

Peritonitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

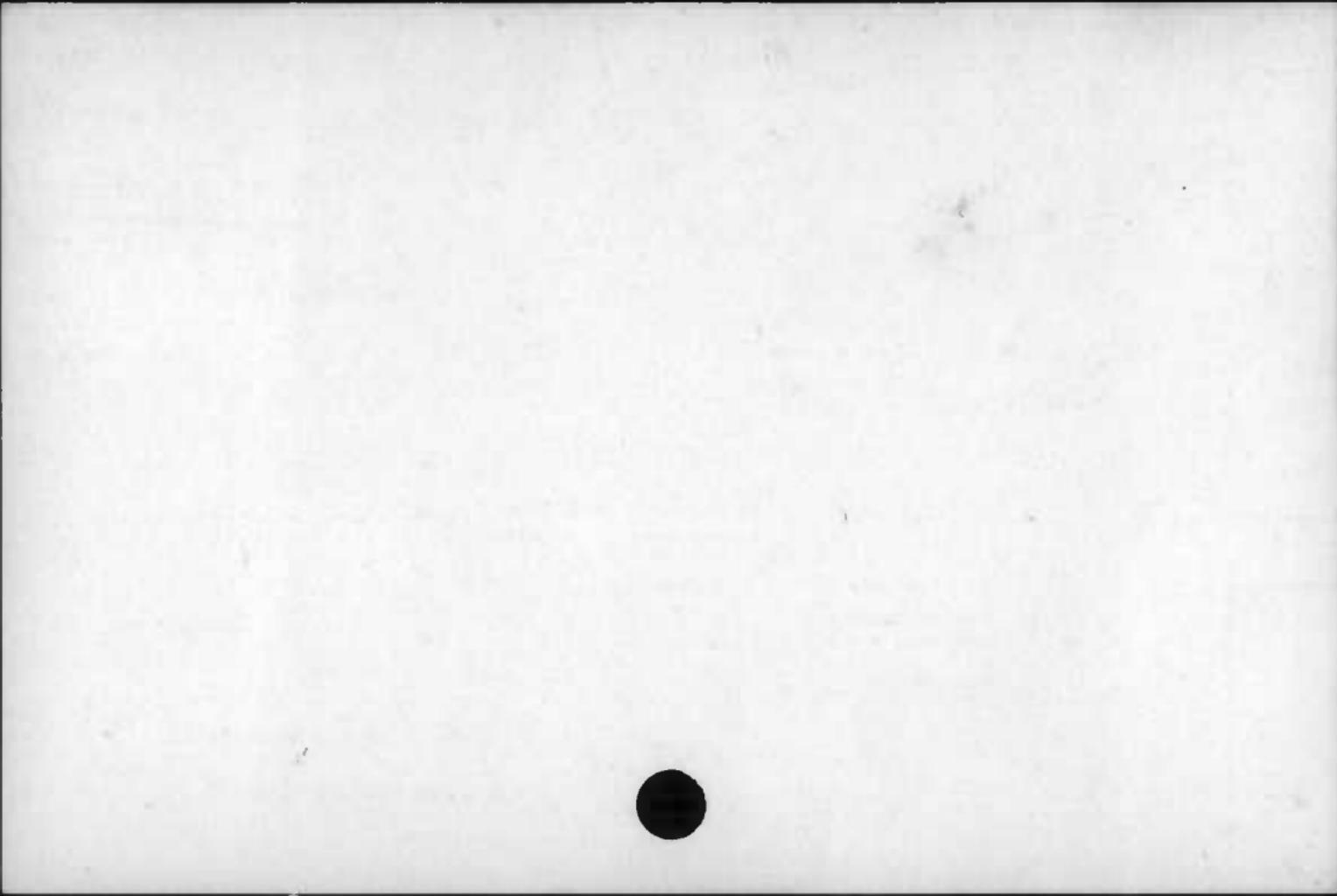
Signature of Physician

Address

Dr. G. L. Johnson

Cambridge Md

Accident or Suicide?



Name
in
Full

Mary Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambudg County Dorchester Co MARYLAND
Date of death 1908 Month Sep Day 29 Years Age 22 Months Days
Sex Female Color or Race Colond Birth-place Cambudg
Occupation House Keeper Whara Residing if not at place of death Cambudg
Married Single Single Name of Wife or Husband
Father's Name William Hill Father's Birthplace Dorchester
Mother's Maiden Name Sarah Johnson Mother's Birthplace Cambudg
Names of person giving information George Johnson How related Brother
Information Deceased

CAUSES OF DEATH

27

How long

3 months

How long

,, "

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Hyena

Are the name, age, sex, color, date and place correctly given above?

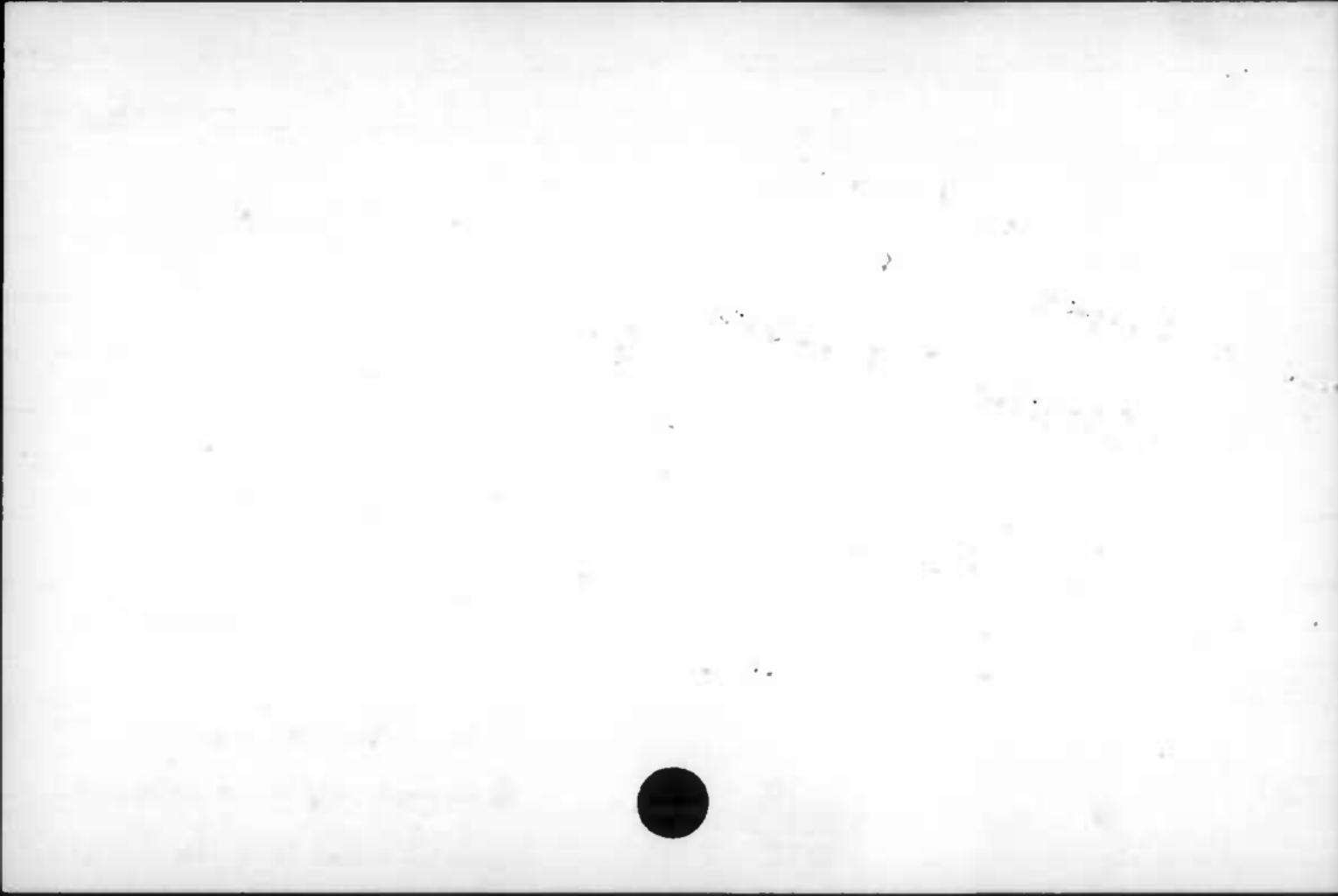
Signature of Physician

Address

110 Physician
Glenside Building
Justice of the Peace

Accident or Suicide

70



Name
in
Full

Viola Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	—	—
Occupation	Infant	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Josiah E. Johnson			Father's Birthplace	Dorchester Co.
Mother's Maiden Name	Wilhelmina Stiles			Mother's Birthplace	Dorchester Co.
Name of person giving information	Josiah E. Johnson			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary
Summer complaint

How long

2 weeks

Immediate " "

How long

"

Are the name, age, sex, color, date and place correctly given above?

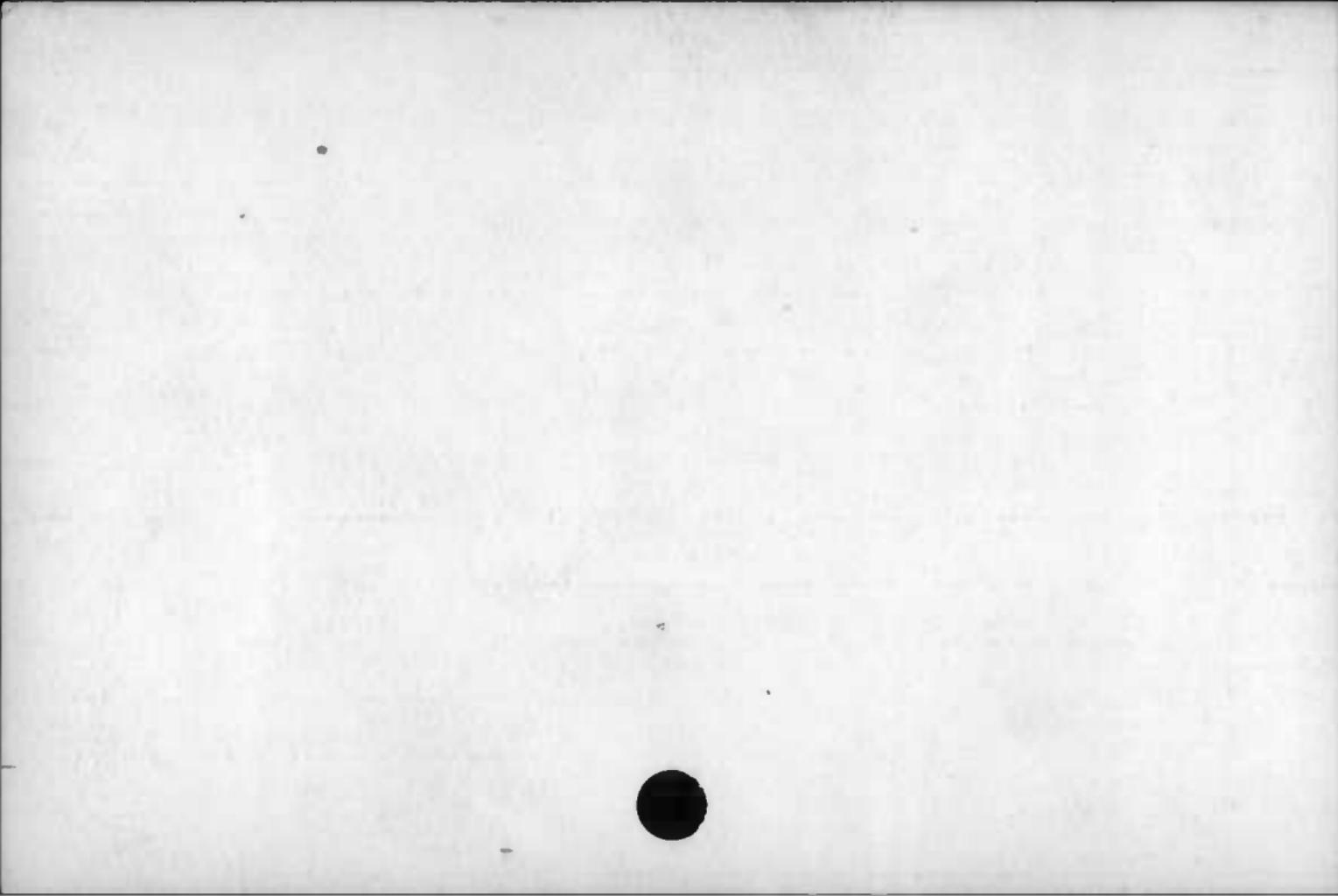
Signature of Physician

Address

Yes

No physician
Glennon Sullivan
Justice of the Peace

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

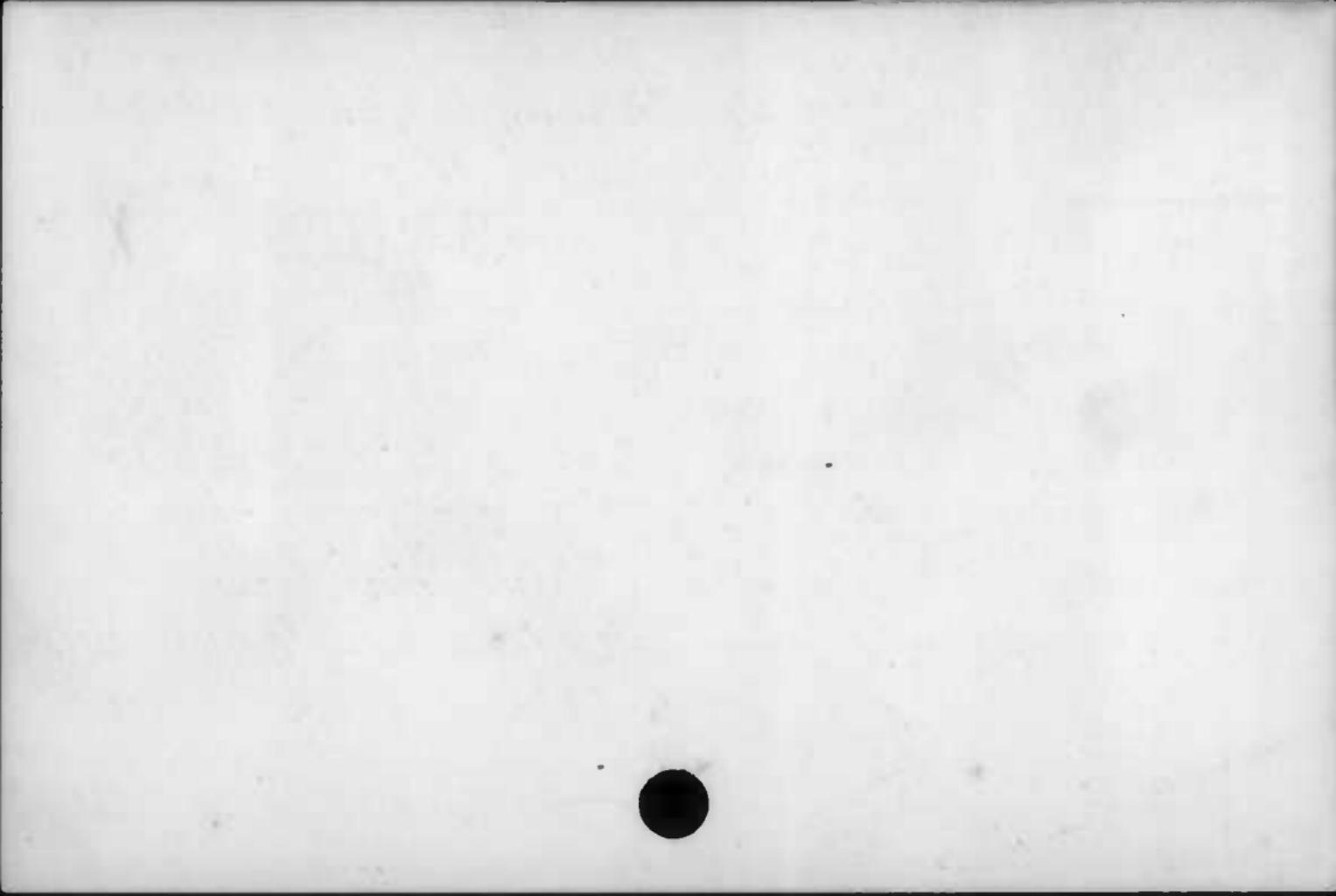
PHYSICIAN
OR CORONER

George J. Marine

CERTIFICATE OF DEATH

Died at <i>Marine Town</i>		Town <i>Marine Town</i>		County <i>Dorchester</i>		MARYLAND		
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>6</i>	Years <i>69</i>	Age <i>69</i>		Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester 66</i>				
Occupation <i>Janitor</i>			Where Residing if not at place of death <i>Marine</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elspeth Marine</i>		Father's Birthplace <i>Unknown</i>				
Father's Name <i>Charles Marine</i>				Mother's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Rachel Laughlin</i>								
Name of person giving information <i>Robert Marine</i>				How related to deceased <i>Son</i>				
<p style="text-align: center;">CAUSES OF DEATH</p> <p style="text-align: center;">48</p>								
Primary <i>Rheumatism</i>					How long <i>2 years</i>			
Immediate <i>Heart Failure</i>					How long <i>5 days</i>			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		<i>E. P. Ashe</i>		
				Address		<i>Galesborow</i>		

Accident or Suicide?



Name
in
Full

George E. Mosekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	34	10	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cambridge			
Father's Name	Dadie Mosekins				
Mother's Maiden Name	Annie Maguire				
Name of person giving Information	Mrs John Stewcomb				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of the chest

29

How long

Two months

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Bethesda Hospital
Camden Md

Accident or Suicide



Name
in
Full

Emma E. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Sep.	Day 1	Years 48	Month 11	Days 29
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife			Where Residing if not et place of death	Cambridge	
Married, Single or Widowed	Married	Name of Wife or Husband	Miriam E. Miller			
Father's Name	James Miller			Father's Birthplace	Maryland	
Mother's Maiden Name	Mahala Warren			Mother's Birthplace	"	
Name of person giving Information	Miriam E. Miller			How related to deceased	Husband	

CAUSES OF DEATH

106

Primary	Chronic Diarrhoea	
Immediate	Tudinal Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
Address	Mary Steele Cambridge Md.	

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Nelun Molock

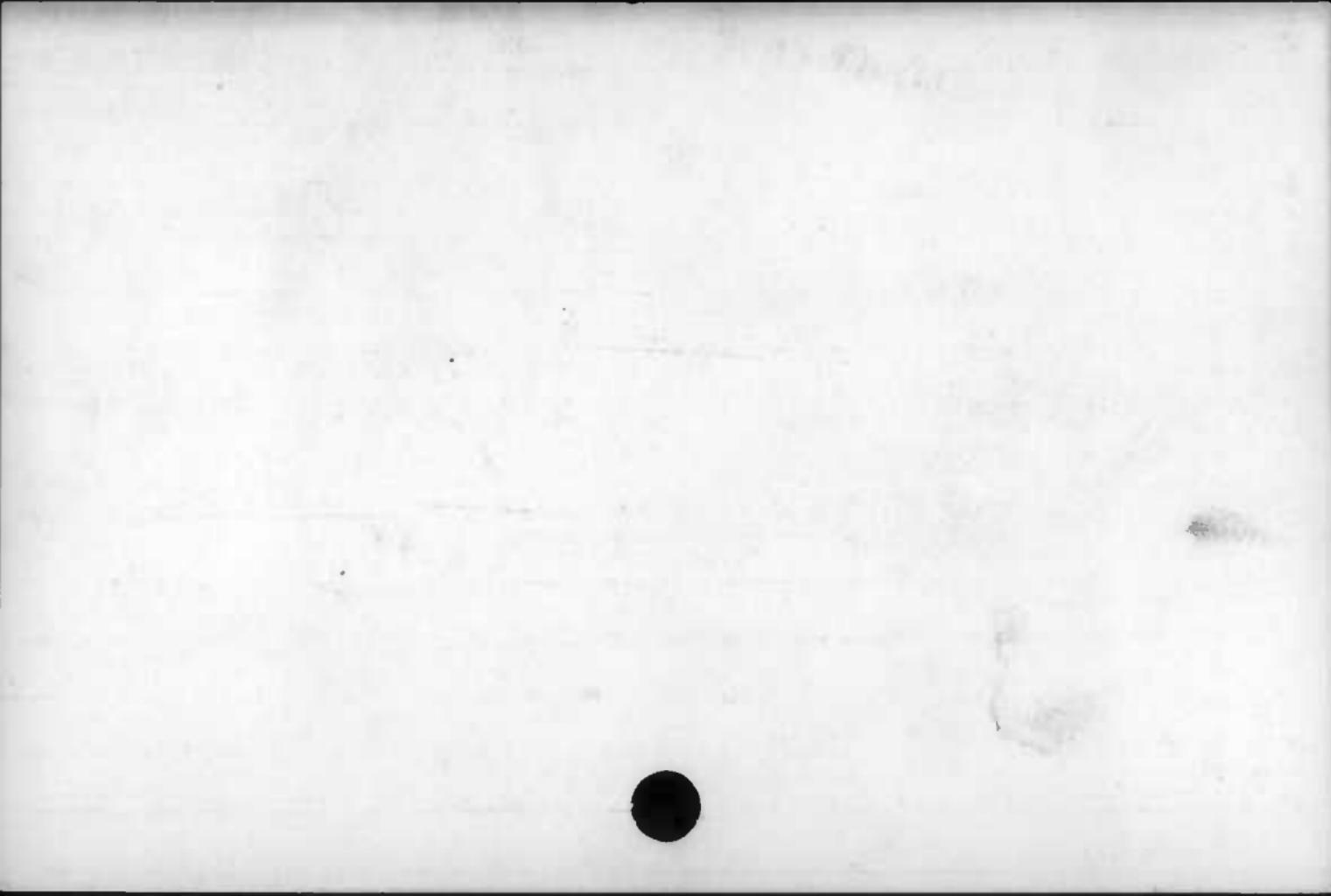
CERTIFICATE OF DEATH

Died at Cambridge		Town	County Dorchester		MARYLAND	
Date of death 1908	Month Sept	Day 6th	Age nn	Years	Months 1	Days 3
Sex	Color or Race	Colored				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Dorchester Co				
Father's Name	Winfield Molock					
Mother's Maiden Name	Salona Britcher					
Name of person giving information	Salona Molock					

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	Gastro Enteritis		How long	Two weeks
	Immediate	Edema		How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dexter S. Reynolds MD	
			Address	Cambridge Md	
Accident or Suicide?					



Name
in
Full

Asder Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Rhodesdale	Dorchester			MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Sept	5	Age 91			
Sex	Male	Color or Race	Black	Birth-place	Eldorado	
Occupation	Farmer	Where Residing if not at place of death				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband	Zera Neal				
Father's Name						Father's Birthplace
Mother's Maiden Name	Harriet Johnson					Mother's Birthplace
Name of person giving Information	Thos. C. -					How related <u>deceased</u> none

CAUSES OF DEATH

66

Primary	Paralysis	How long	Two weeks
Immediate	Heart Failure	How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

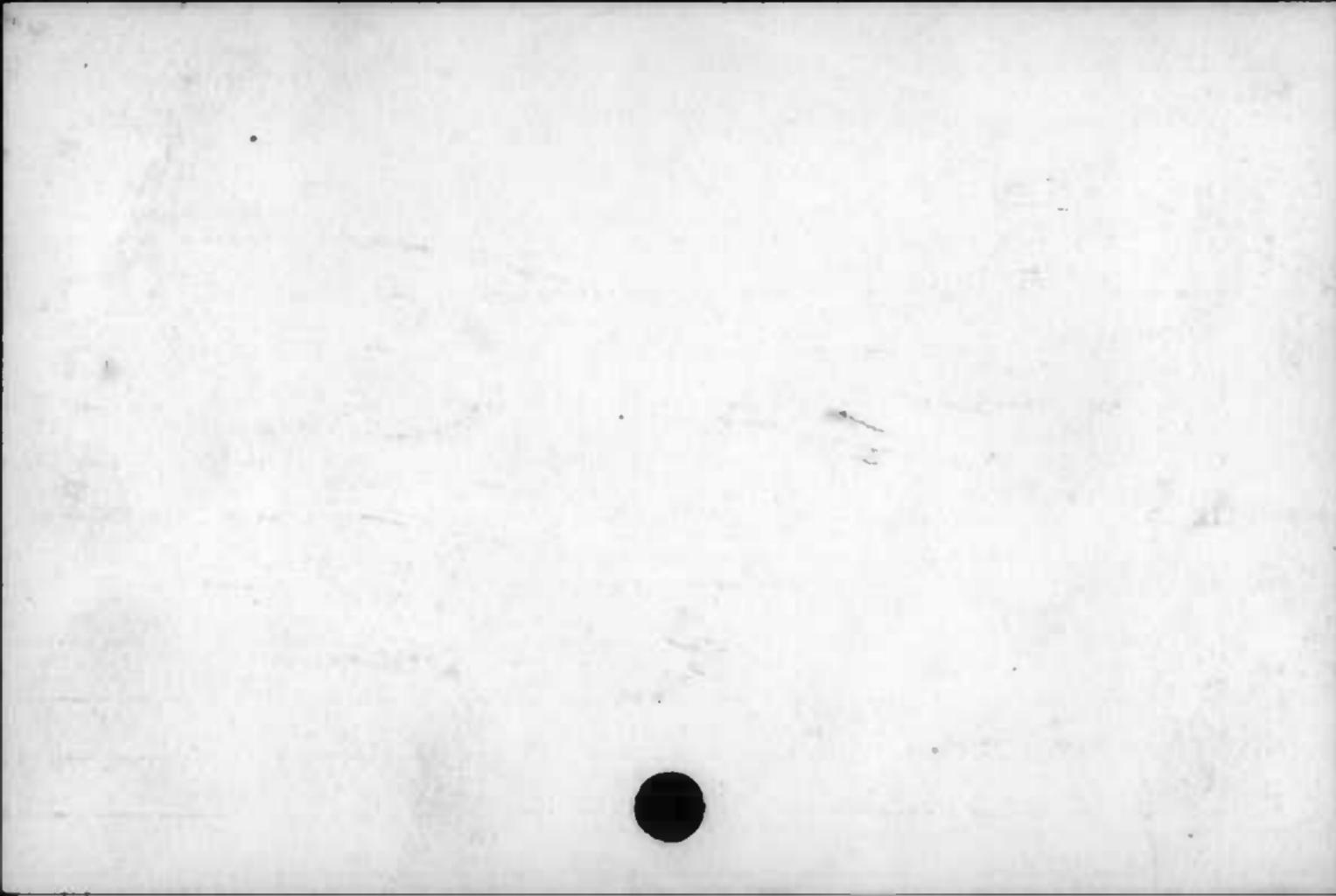
Signature of Physician

H. F. Nichols, MD

Address

E. N. Market
Md.

Accident or Suicide?



Name
in
Full

Stanford Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge

Town Dorchester

County MARYLAND

Date of death 1903 Month Sept Day 29th Age 72 Years Months ~ Days ~

Sex Male

Color or
Race

Colored

Birth-
place

Dorchester Co.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mahala Nichols

Father's
Name

Harry Berry

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Suey Jenkins

Mother's
Birthplace

Dorchester Co.

Name of person giving
Information

Sue Nichols

How related
to deceased

Don

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

3 mos

Immediate

Berittonitis

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

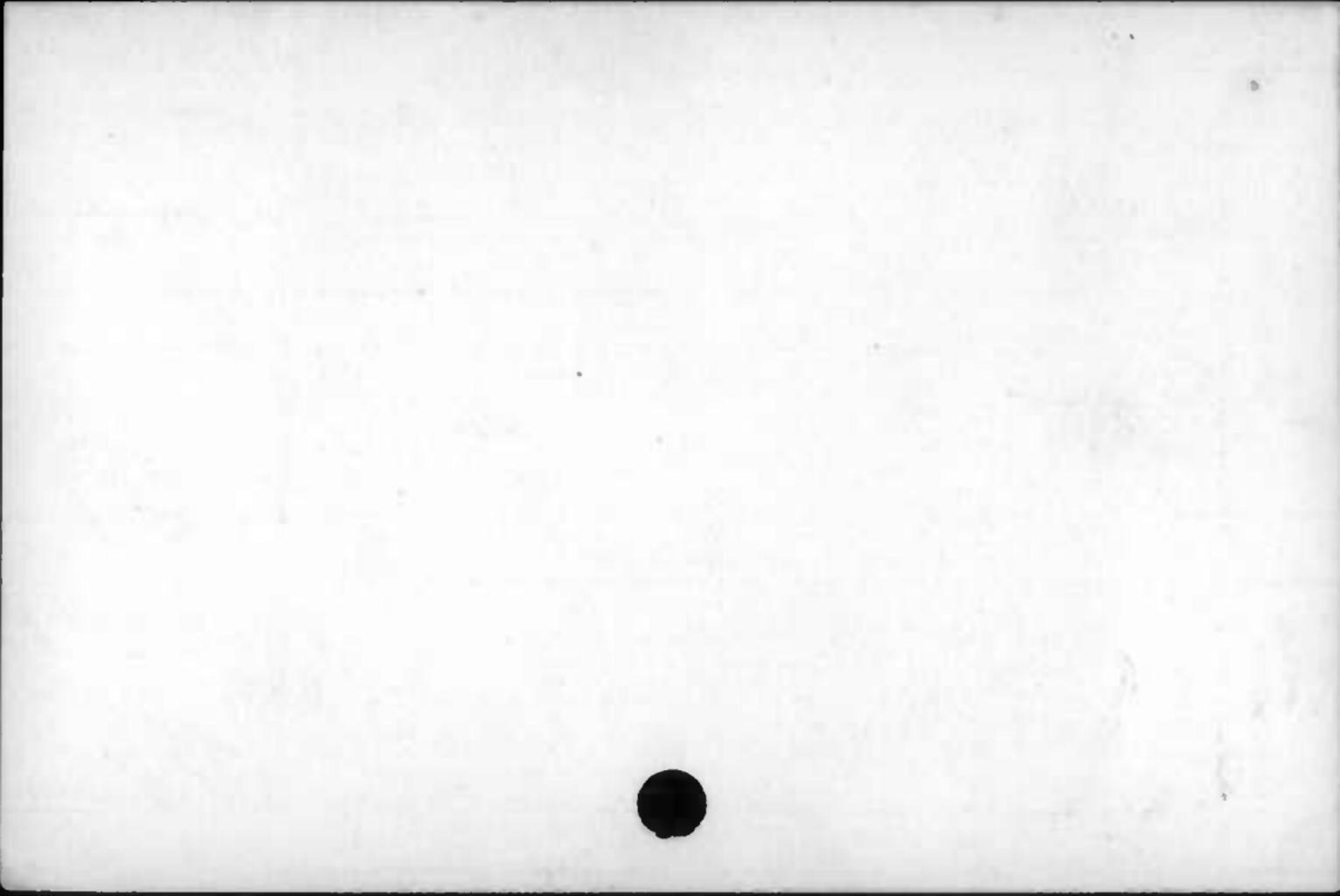
Dexter S. Reynolds MD

Address

Cambridge Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Maud S Orme

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White -	Birth-place	Summit Co
Occupation	Home Lady		Where Residing if not at place of death	Cambridge	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	John K Orme
Mother's Maiden Name	Dont-Know			Mother's Birthplace	Dont-Know
Name of person giving information	John L Shirley		How related to deceased	Broth Lame	
CAUSES OF DEATH					
Primary	Tuberculosis		27	How long	8 months
Immediate				How long	~

PHYSICIAN
OR CORONER

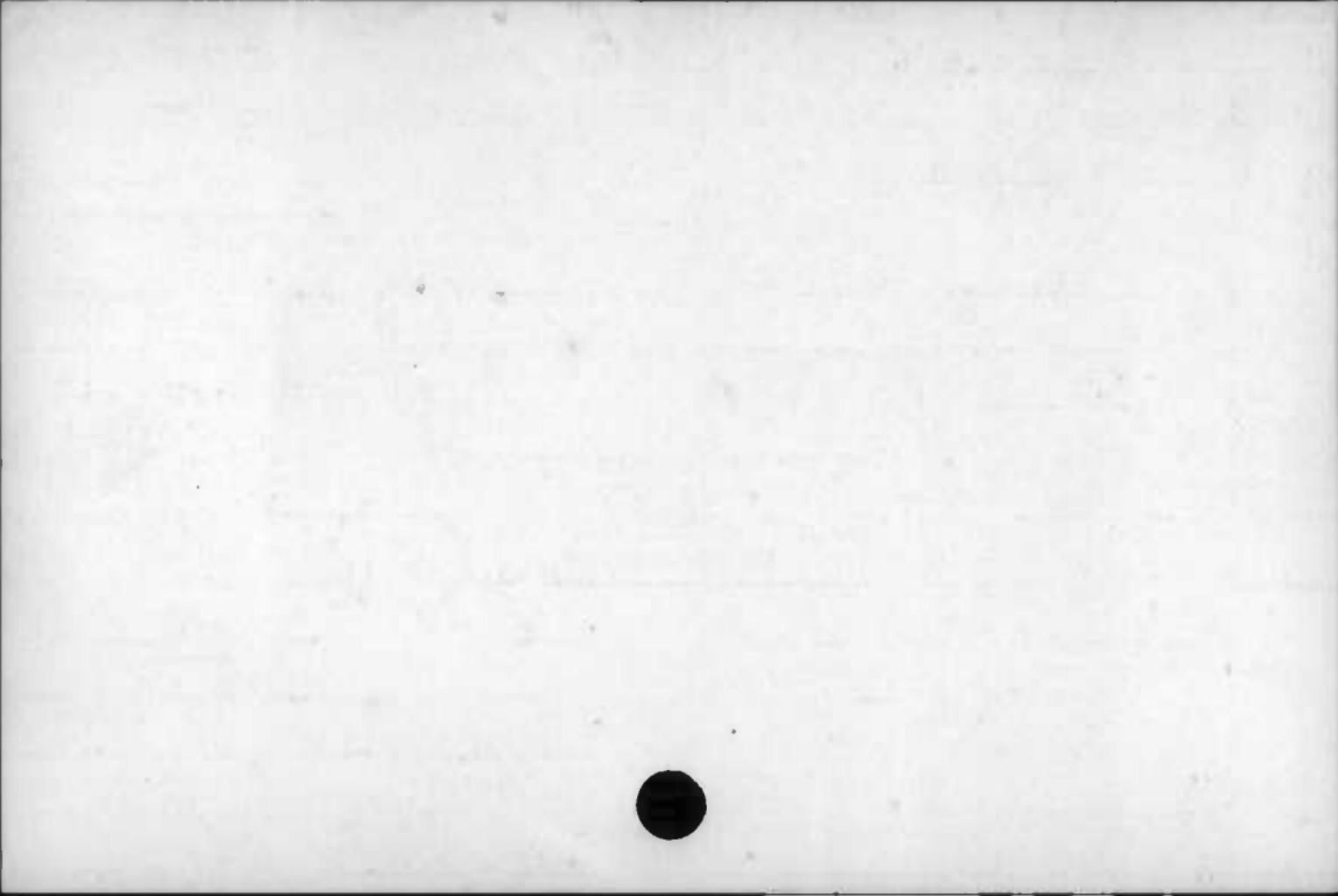
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No physician
General Justice
Justice of the Peace



Name
In
Full

William Francis Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Sept 27	Day 27	Age 56	Years	Months	Days
Sex	male	Color or Race	White	Birth-place Caroline Co			
Occupation	Farmer		Where Residing if not at place of death		Hurstlock		
Married, Single or Widowed	Married	Name of Wife or Husband	Josephine Payne		Father's Birthplace unknown		
Father's Name	James L Payne		Mother's Birthplace		Caroline Co		
Mother's Maiden Name	Julia Bladis		How related to deceased		Wife		
Name of person giving information	Josephine Payne						

CAUSES OF DEATH

20

Primary

Chronic Nephritis

How long

2 Years

Immediate

Anemia

How long

6 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

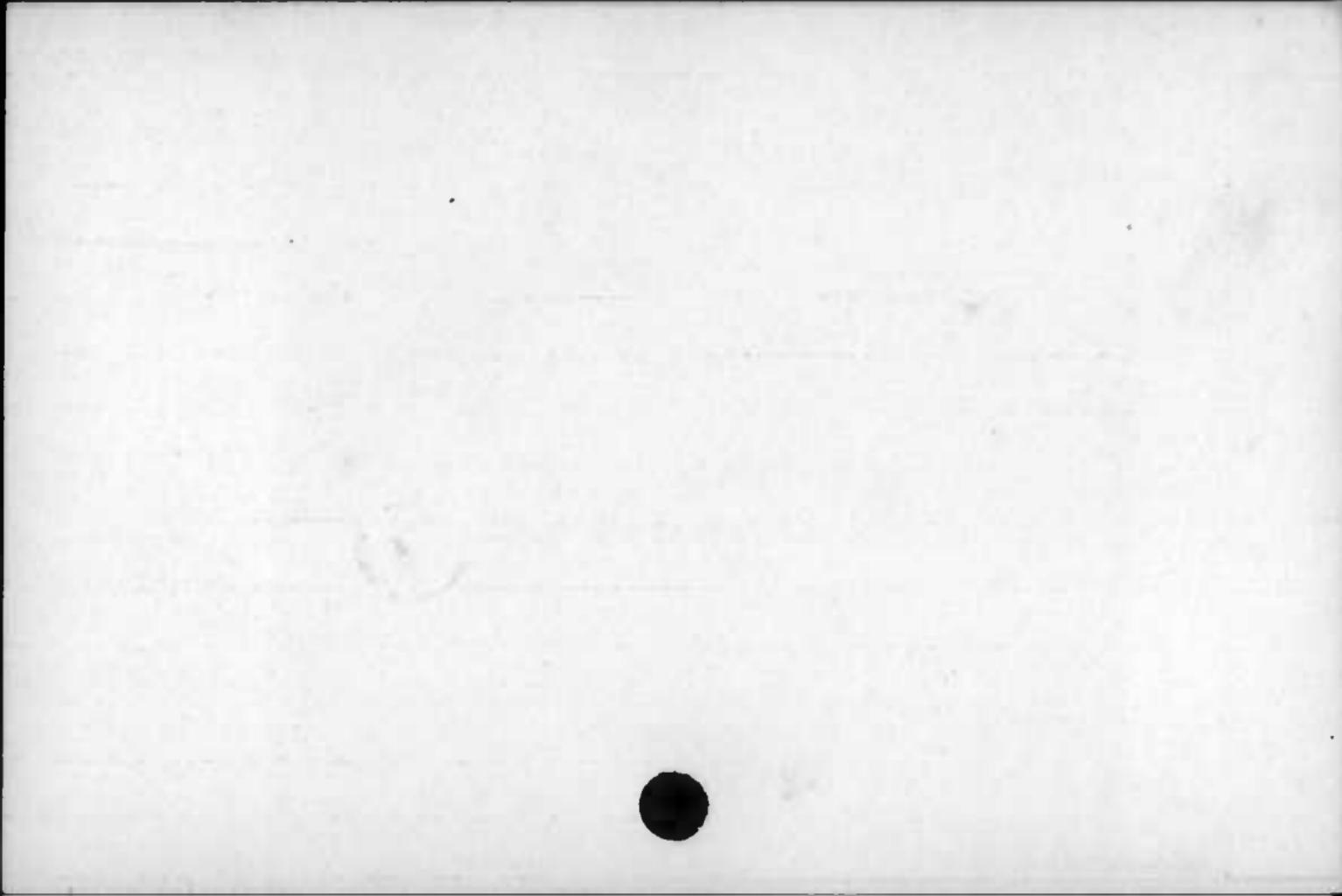
Address

E. G. Glenny

Hurstlock

Dorchester Co. Md

Accident or Suicide?



Name
in
Full

Susan K. Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
8 Sept. 7		Month	Day	Years	Month	Days
190		7	65	65	11	28
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	Widow		Name of Wife or Husband	Martin J. Perkins		
Father's Name	Holloman James Marshall		Father's Birthplace		Maryland	
Mother's Maiden Name	Mary R. Stewart		Mother's Birthplace		"	
Name of person giving Information	Mattie Davidson		How related to deceased		Daughter	

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Syphilitic & Acute Bright's disease

How long

6 weeks

Immediate

Uremic Coma

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

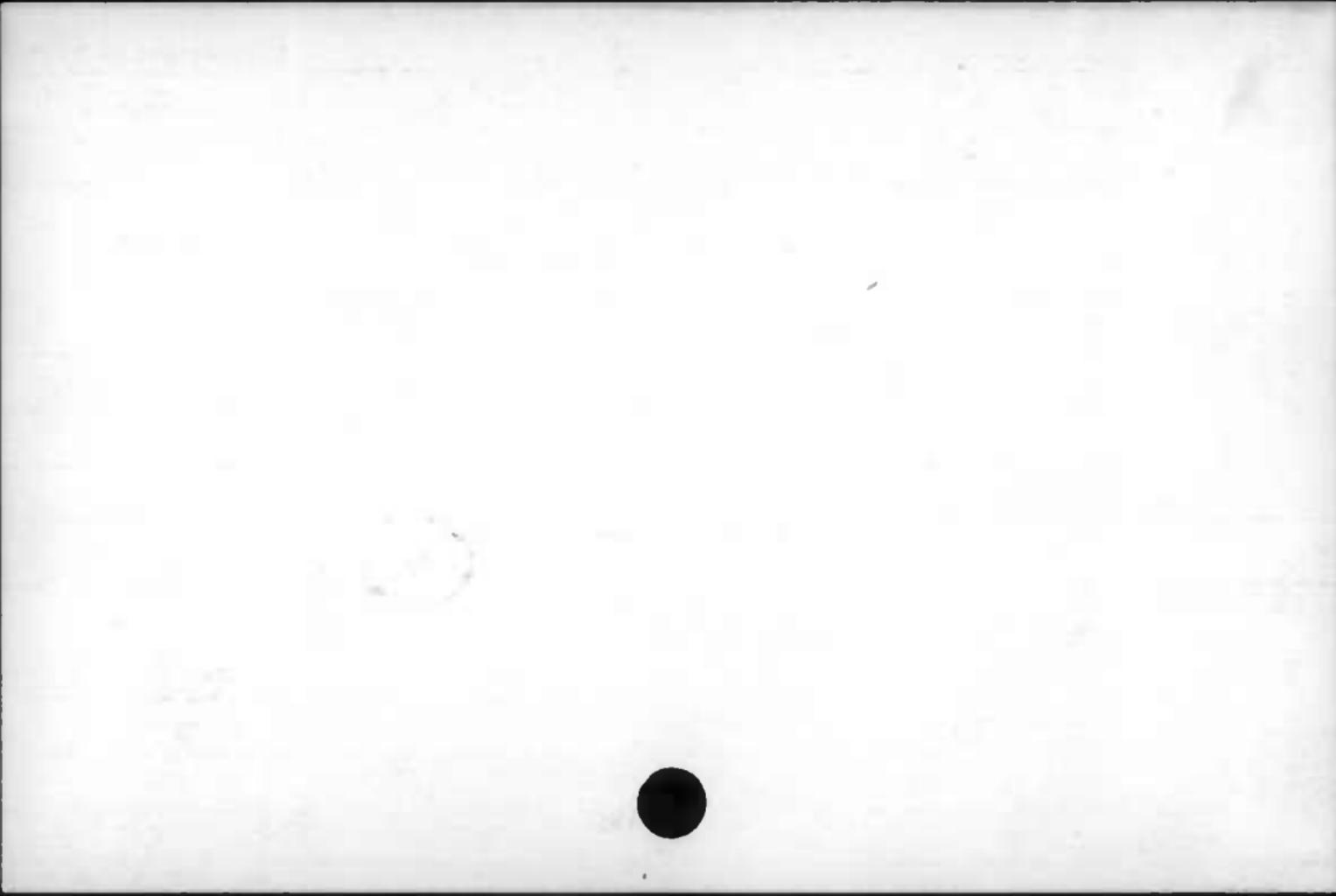
Yes

Signature of Physician

Address

Kingsville
Cambridge Md.

Accident or Suicide



Name
in
Full

Joseph N. Petros

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et Date of death 190	Town Cambridge	Month 8 Sept	Day 3	County Dorchester	MARYLAND		
Sex Occupation	Male Farmer	Color or Race white	Age 40	Years	Months 1	Dey's 7	
Married, Single or Widowed	Name of Wife or Husband Mariana		Where Residing if not at place of death Nettie Petros	Birth-place Canada			
Father's Name	Thos. P. Petros		Father's Birthplace England	Mother's Birthplace Ireland			
Mother's Maiden Name	Sarah Brown		How related to deceased Father				
Name of person giving Information	Thos. P. Petros						

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long 3 weeks
Immediate	Toxæmia of Typhoid	How long 2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Mother P. Goleasorby
		Address Cambridge

Accident or Suicide?

Isaac Young
Drew
Mary Coleman

Name
in
Full

Thomas D. Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month Sept	Day 7	Years 63	Months -	Days -
Sex	Male	Color or Race	colored			
Occupation	Farmer					
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		
Father's Name	Emory Pinder		Harriet Frazer			
Mother's Maiden Name	Not Known		Md.			
Name of person giving Information	Joseph Rose					

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

13 months

Immediate

27 Maguire

How long

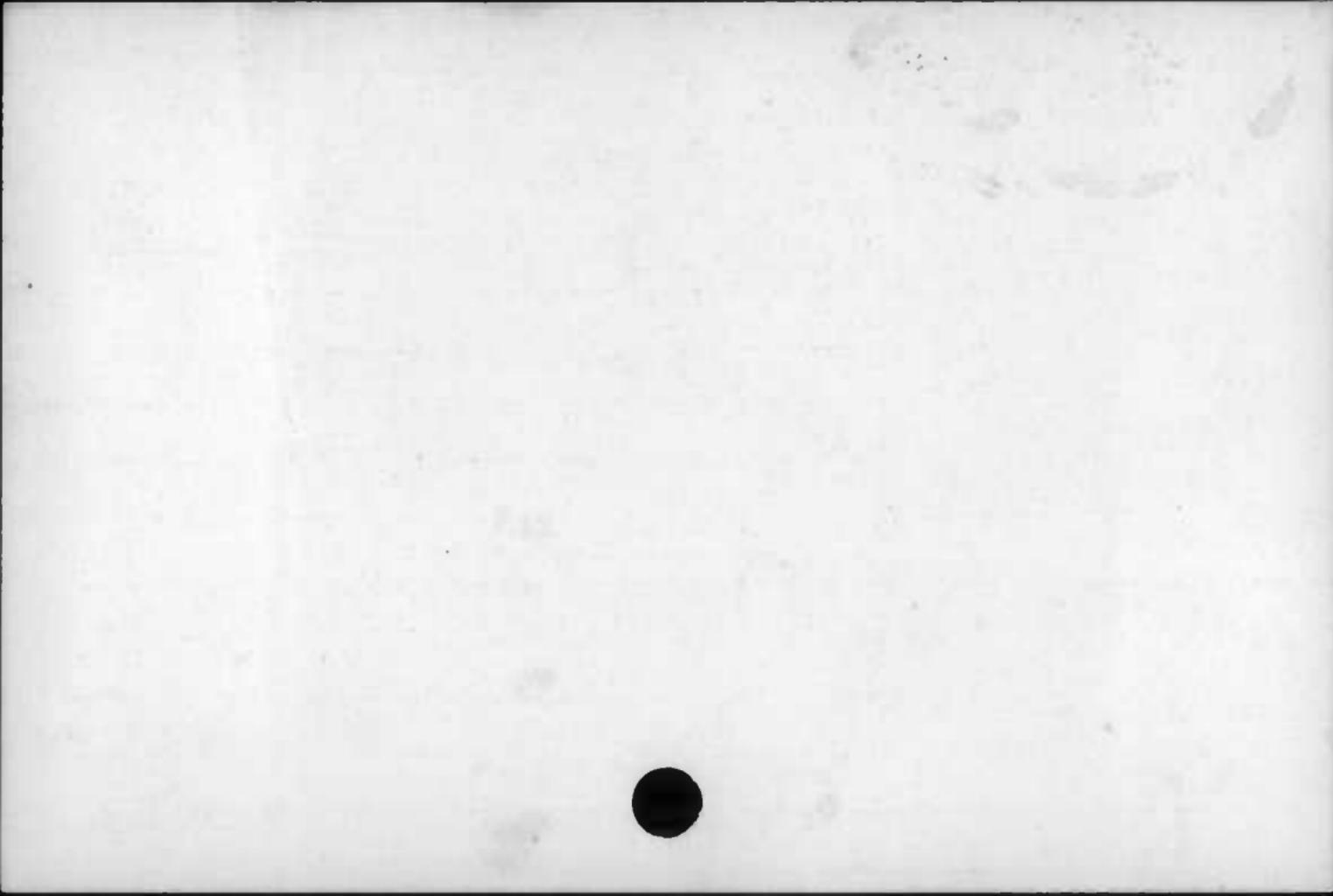
13 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Robert Pinkett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mary Pinkett		
Father's Name	Dont Know			
Mother's Maiden Name	Mariah Pinkett			
Name of person giving information	Matthew Pinder			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E.E. Wolff
Address	Cambridge, Md.		
Accident or Suicide?			

120

How long

Don't Know

How long

Don't Know

Name
in
Full

Ann M. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Sep.	Day 9	Years 84	Months 8	Days 1
Sex	Female	Color or Race	White		Birth-place	Maryland
Occupation	None	Where Residing if not et place of death		Cambridge		
Married, Single or Widowed	Widow	Name of Wife or Husband	Lewis Ross Jr.		Father's Birthplace	Maryland
Father's Name	Stephens Thomas			Mother's Birthplace		"
Mother's Maiden Name	Joni Goldsborough			How related to deceased		Son
Name of person giving Information	Clinton T. Ross					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis ^{and} old age

Immediate Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

66

How long

10 days

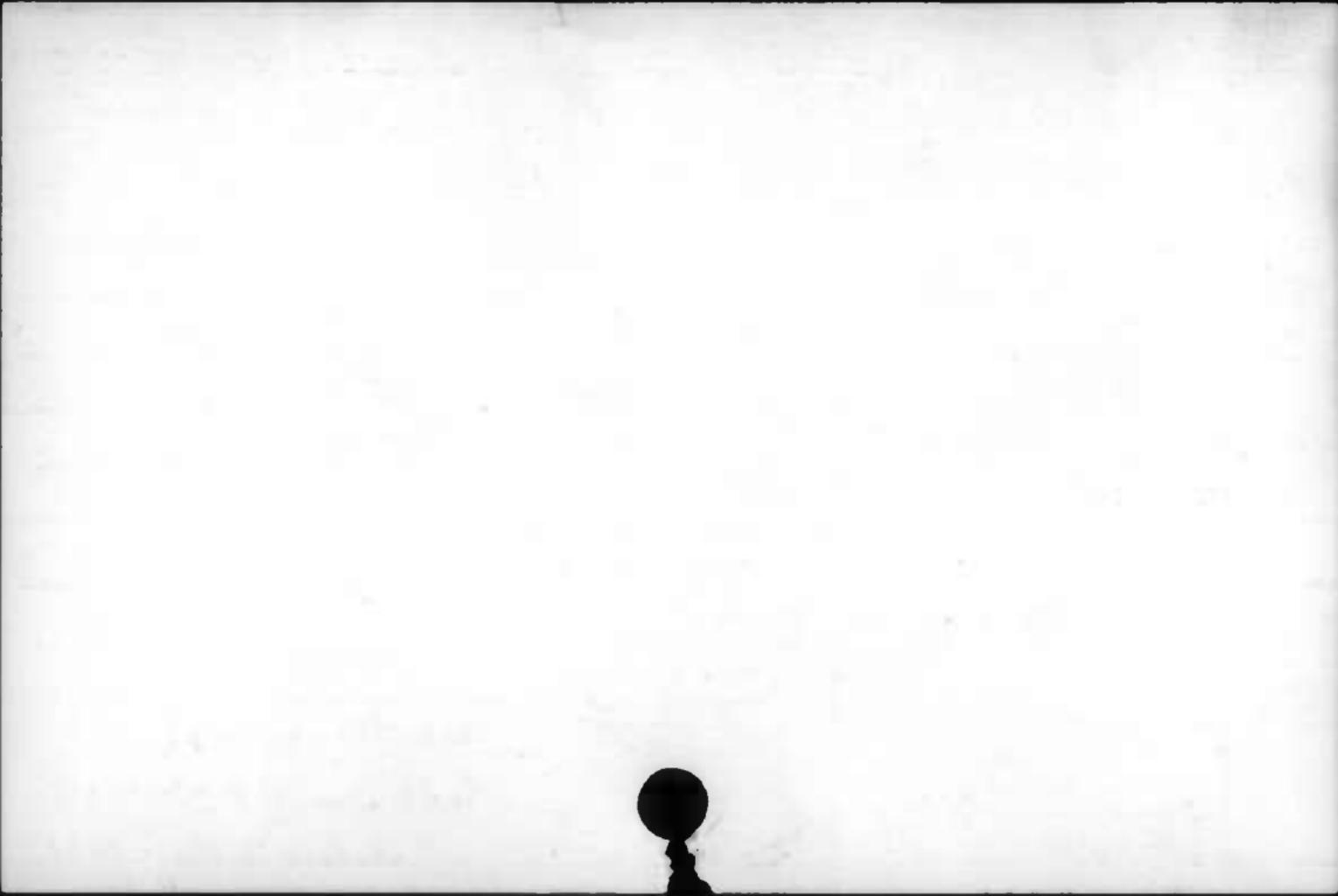
How long

After days

John Goldsborough

Cambridge Ma

Accident or Suicide



Name
in
Full

Lipshun Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MAY 1908 MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	12	
Occupation	School Boy		Where Residing if not at place of death	Lansfield Cambridge	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edward Sanders		Father's Birthplace	Norfolk Va	
Mother's Maiden Name	Ellen Scott		Mother's Birthplace	Baltimore	
Name of person giving information	Edward Sanders		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
3yrs influenza never

1

How long

2 weeks

Immediate 11 11

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

yes

No Physician
Clerk of Superior
Justice of the Peace



Name
in
Full

Schwarz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place		Hudson Md		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	none				
Father's Name	Martin Schwarz					Father's Birthplace
Mother's Maiden Name	Emma Max					Mother's Birthplace
Name of person giving Information	M. Schwarz					How related to deceased

85

How long

4 days

How long

PHYSICIAN
OR CORONER

Primary *Purpura haemorrhagica*

Immediate *Hæmorrhages*

Are the name, age, sex, color, date and place correctly given above?

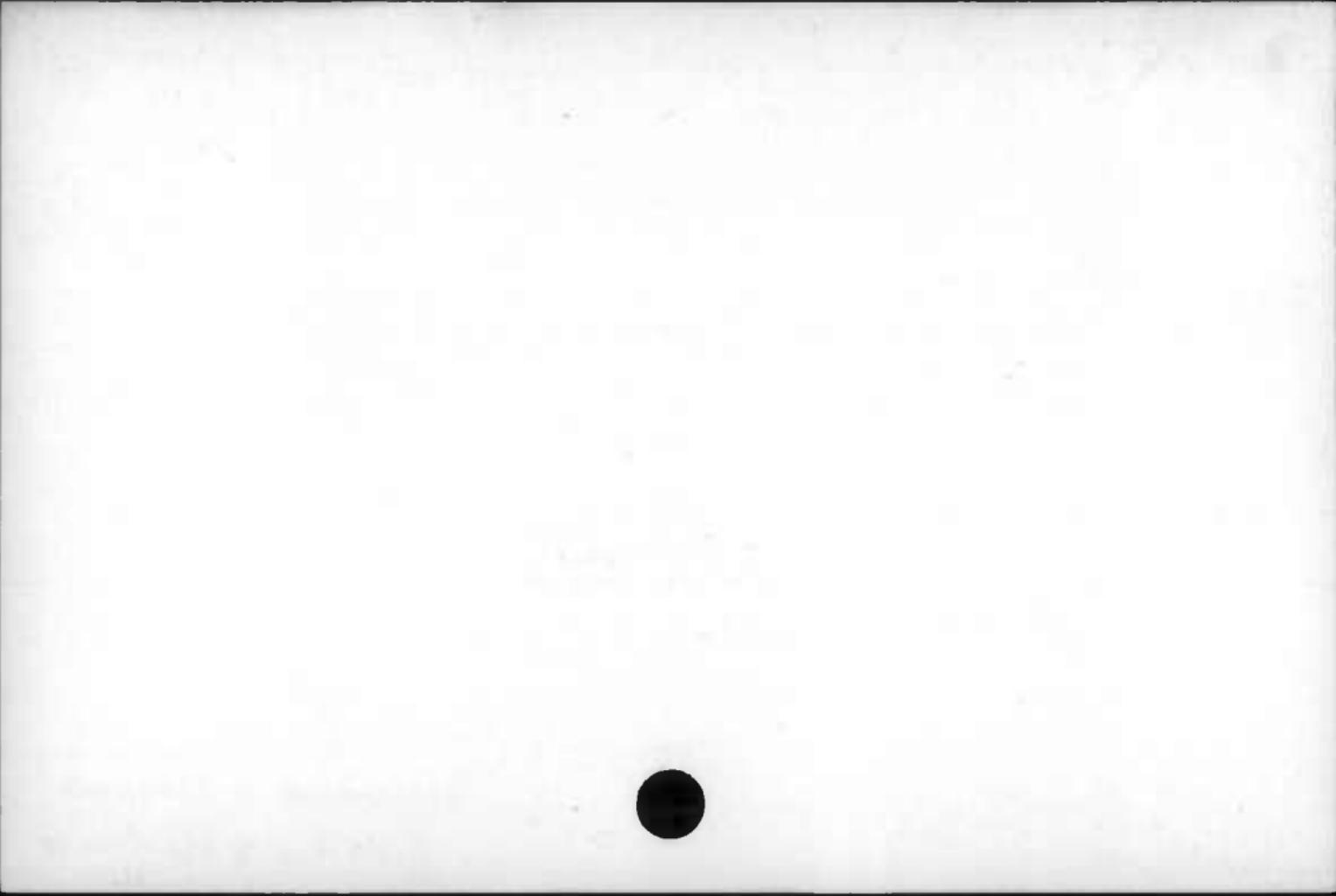


Accident or Suicide?

Signature of Physician

Address

S. A. Stokes.
Carnesville
Md



Name
In
Full

William Shanahan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margrati Shanahan			
Father's Name	William Shanahan				Father's Birthplace
Mother's Maiden Name	Rebecca Filshiharty				Mother's Birthplace
Name of person giving information	John W Bradley				How related to deceased

CAUSES OF DEATH

(H)

PHYSICIAN
OR CORONER

Primary

Cancer (Epithelioma of neck)

How long

Years

Immediate

Exhaustion

How long

6 mos

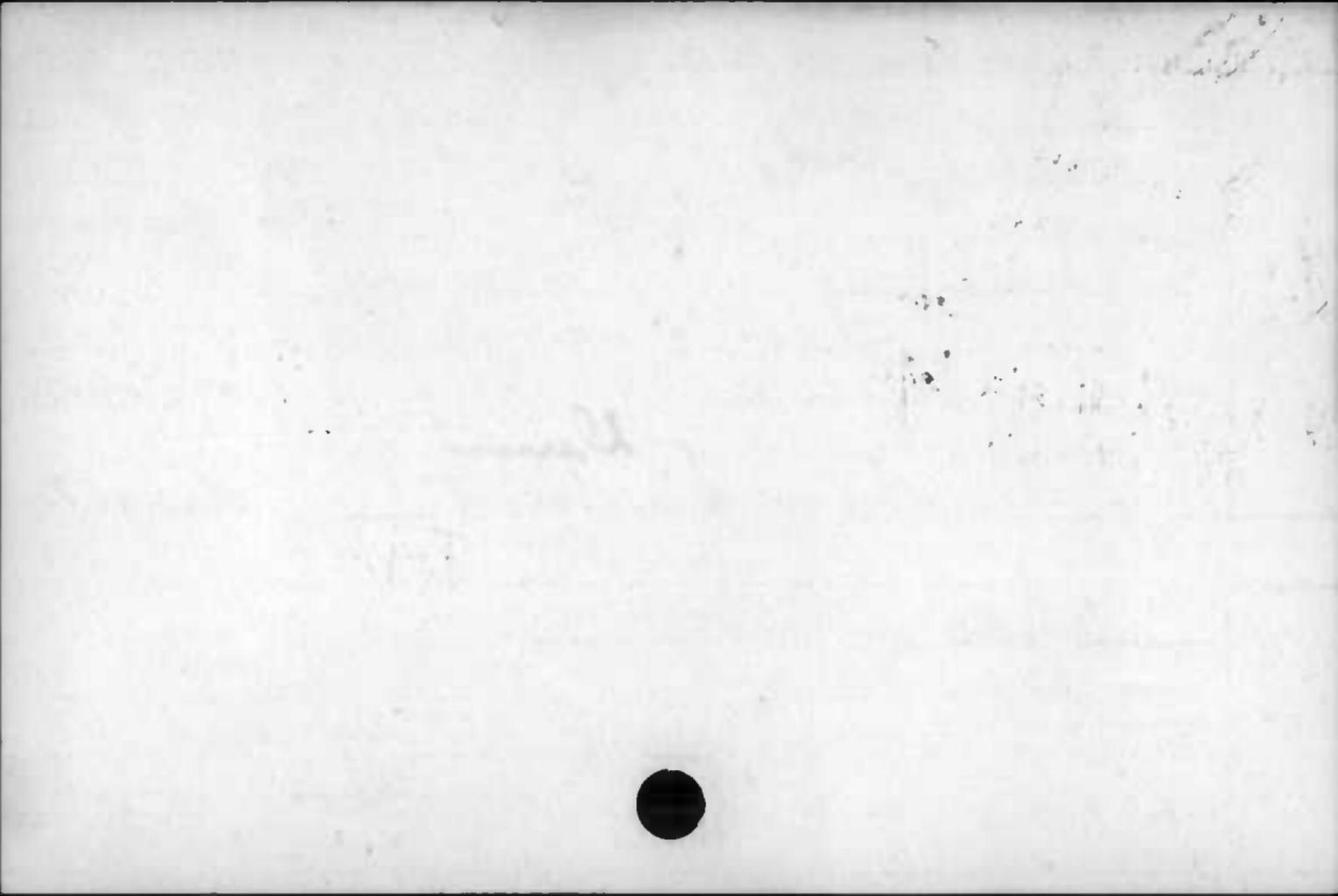
Signature of
Physician

Address

No physician

Clarence B. Kivane
Justice of the Peace

Accident or Suicide?



Name
in
Full

C. Oliveribus Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>W. Rhode Island</u>			County <u>Dor.</u>	MARYLAND		
Town	Month <u>9</u>	Day <u>26</u>	Years <u>61</u>	Months <u>4</u>	Days <u>—</u>	
Date of death 1908	Age <u>61</u>	Color or Race <u>white</u>	Birth- place <u>Dor Co Md</u>			
Sex <u>Male</u>		Occupation <u>farmer</u>				
Married, Single or Widowed <u>married</u>						
Name of Wife or Husband <u>Sallie Short</u>						
Father's Name <u>William Short</u>			Father's Birthplace <u>W. Co Md</u>			
Mother's Maiden Name <u>Nancy Dunn</u>			Mother's Birthplace <u>" " "</u>			
Name of person giving Information <u>Olevia Short</u>			How related to deceased <u>daughter</u>			

CAUSES OF DEATH

120

How long

2 mos

How long

PHYSICIAN
OR CORONER

Primary

Bright's Disease

Immediate

Heart failure

Are the name, age, sex, color, date
and place correctly given above?

yes

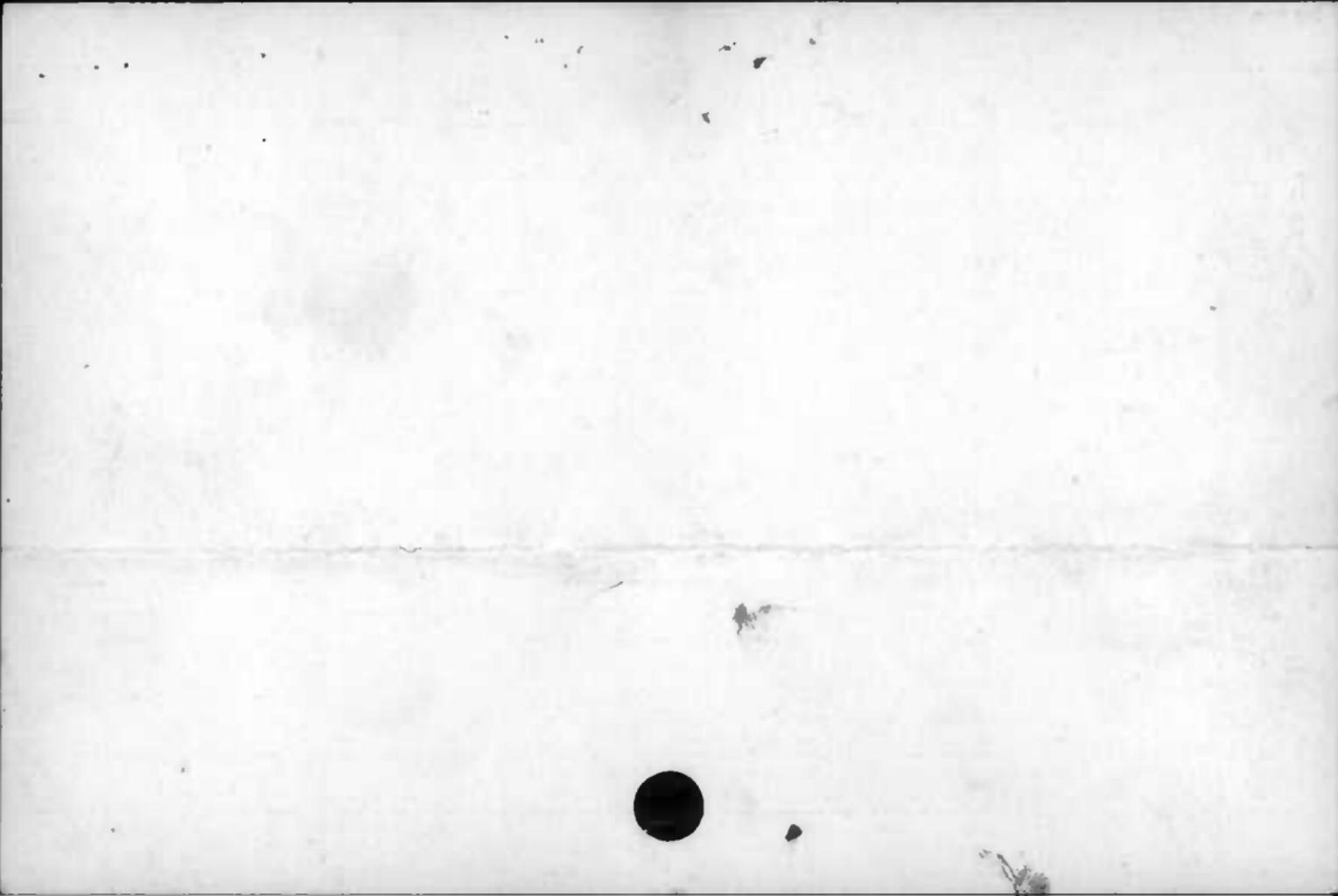
Signature of
Physician

Address

E. Roger Myers
Hawthorne

Md

Accident or Suicide?



Name
in
Full

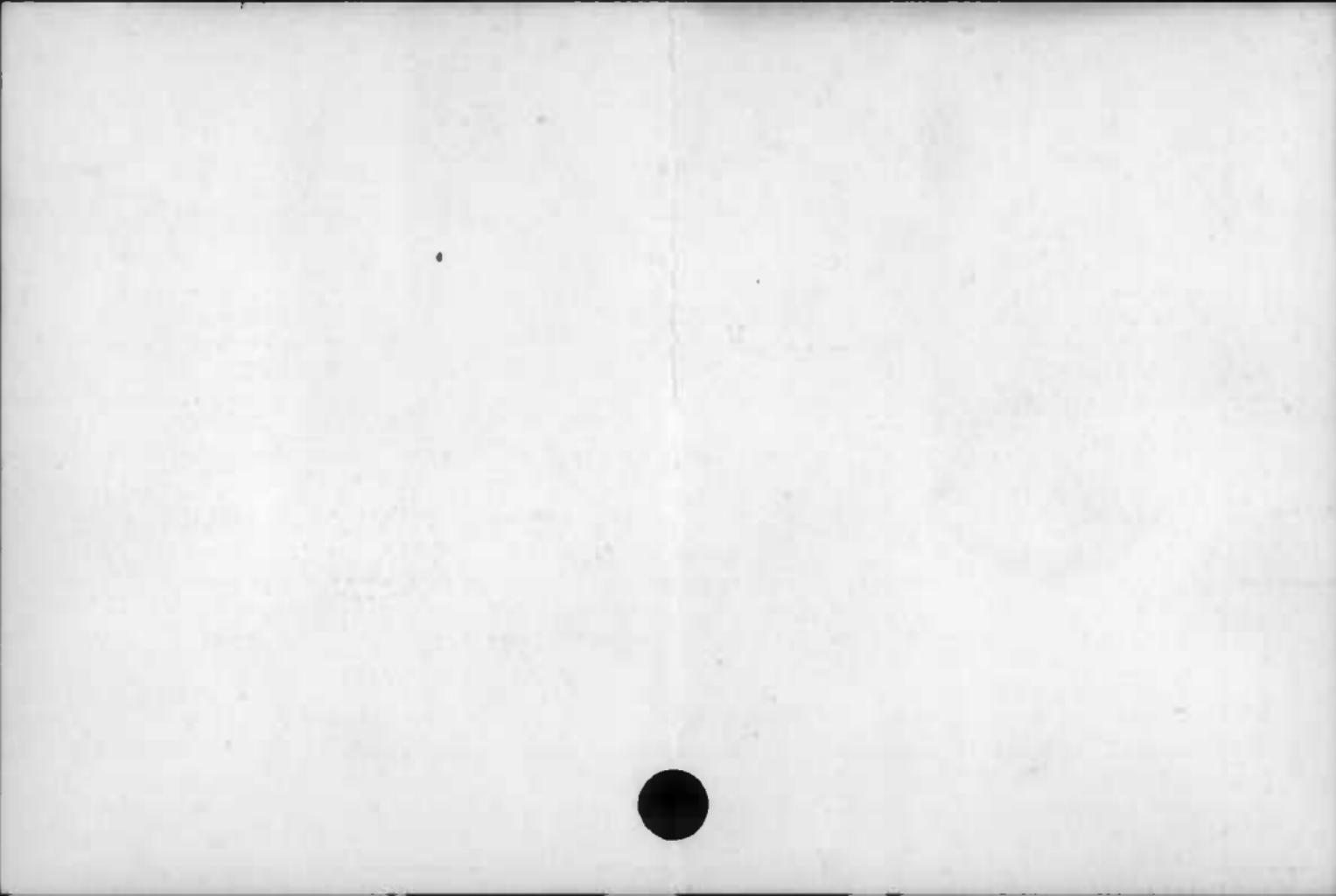
Georgia Todd Sir

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Langrell			
Father's Name	dout no				
Mother's Maiden Name	dout no				
Name of person giving Information	" Son "				
CAUSES OF DEATH					
Primary	64				
Immediate	2 years				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
Accident or Suicide?			Geo B. Todd Deal's Saloon Tow.		

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Bassia A. Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	27	0	13
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lori D. Tyler			
Father's Name	Tom E. Brohawn	Father's Birthplace	Dorchester Co		
Mother's Maiden Name	Elizabeth A. Brohawn	Mother's Birthplace	Dorchester Co		
Name of person giving Information	Mrs Sallie Johnson	How related to deceased	Sister		

CAUSES OF DEATH

27

How long

six months

How long

Cardiac Failure. Exhaustion. Three days

PHYSICIAN
OR CORONER

Primary

Probably Tuberculosis

Immediate

Signature of
Physician

Address

Are the name, age, sex, color, date and place correctly given above?

W.H. Horner, M.D.

yes

Fishing Creek Rd

Accident or Suicide?

110



Name
in
Full

Safazette Monroe Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MR. PHYSICIAN
OR CORoner

Died at Hopewell Town Dorchester County
Date of death 1908 Month Sept Day 8 Years
Age 1 Months 1 Days 13
Sex Male Color or Race White
Occupation — Where Residing if not at place of death Hopewell Ind
Birth-place Hopewell Ind

Married, Single or Widowed
Name of Wife or Husband

Father's Name Wrightson Bradley Tyler
Mother's Maiden Name Kate Hooper

Name of person giving information
Name of person giving information Wrightson Bradley Tyler

Father's Birthplace Hopewell Ind

Mother's Birthplace Hopewell Ind

How related to deceased Father

CAUSES OF DEATH

105

How long

How long

Primary

Immediate

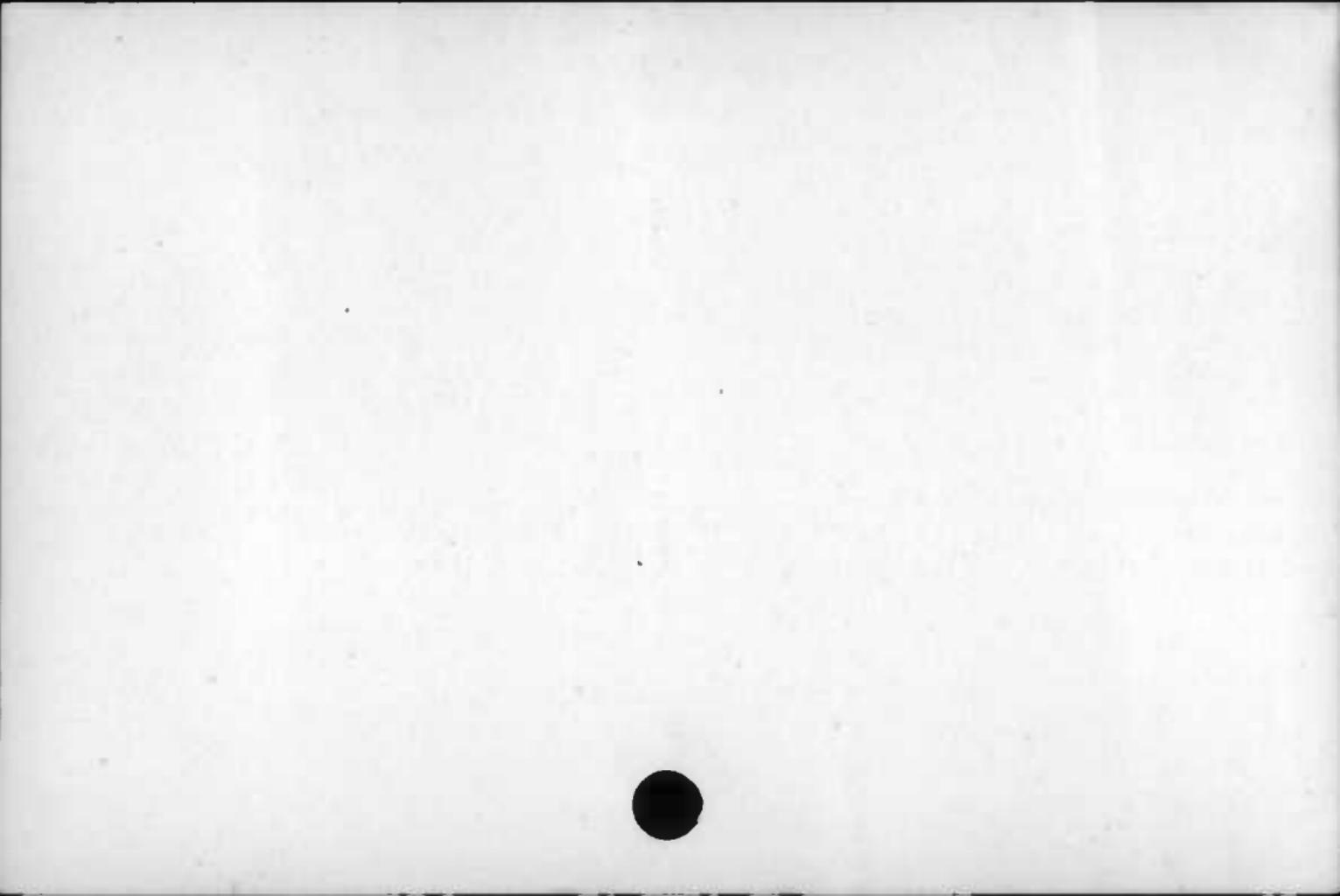
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Laurence D Ashton J.P.
Hopewell Ind

Accident or Suicide?



Name
in
Full

Mildred L. Wherutt-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Sep	Day 5	Years	Months	Days
Sex Female	Color or Race White	Age	7		
Occupation Baby	Where Residing if not at place of death Cambridge, Md				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace Baltimore	
Mother's Maiden Name	Virginia Lewis		Mother's Name	Mother's Birthplace Cambridge	
Name of person giving Information	Harri B Wherutt		How related to deceased	Father	

CAUSES OF DEATH

119

How long

4 weeks

How long

24 hours

PHYSICIAN
OR CORONER

Primary Nephritis

Immediate Uremia

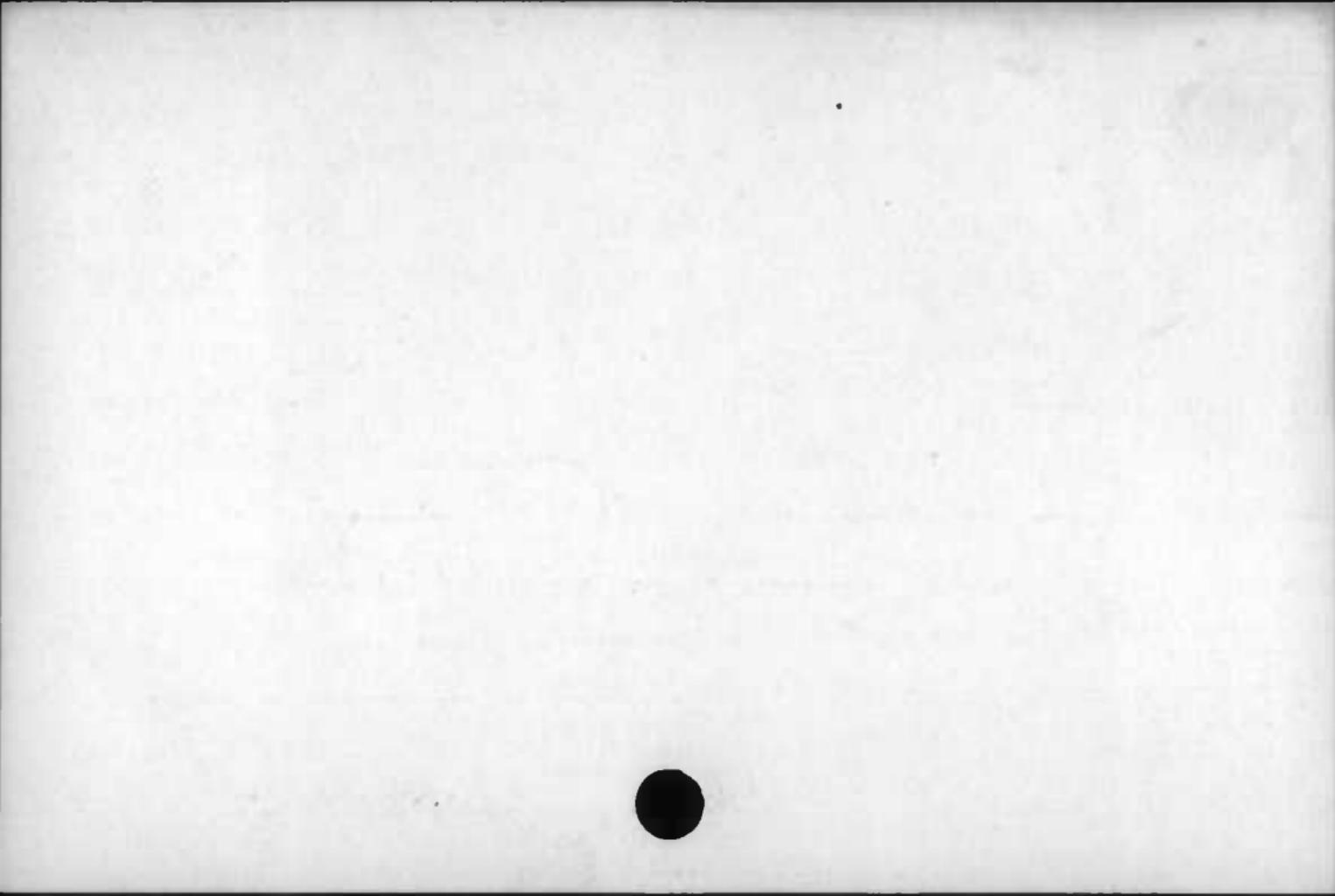
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Martin W Goldsborough
Cambridge

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

May Hoodord

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Died at	Mr. Herbold		Door	Months	Days
Date of death 1908	Month 9	Day 21	Age	4	11
Sex female	Color or Race white	Occupation	Birth-place	Dec 60	
Married, Single or Widowed	single				
Name of Wife or Husband	none				
Father's Name	Jos A Woodord	Father's Birthplace	Gaumer Co		
Mother's Maiden Name	May V Coore	Mother's Birthplace	Dot Co		
Name of person giving information	Jos A woodord	How related to deceased	father		

CAUSES OF DEATH

179

Huwing

How long

PHYSICIAN
OR CORONER

Primary

Inacition

Immediate

St. Soma

Are the name, age, sex, color, date and place correctly given above?

9 yrs

Signature of Physician

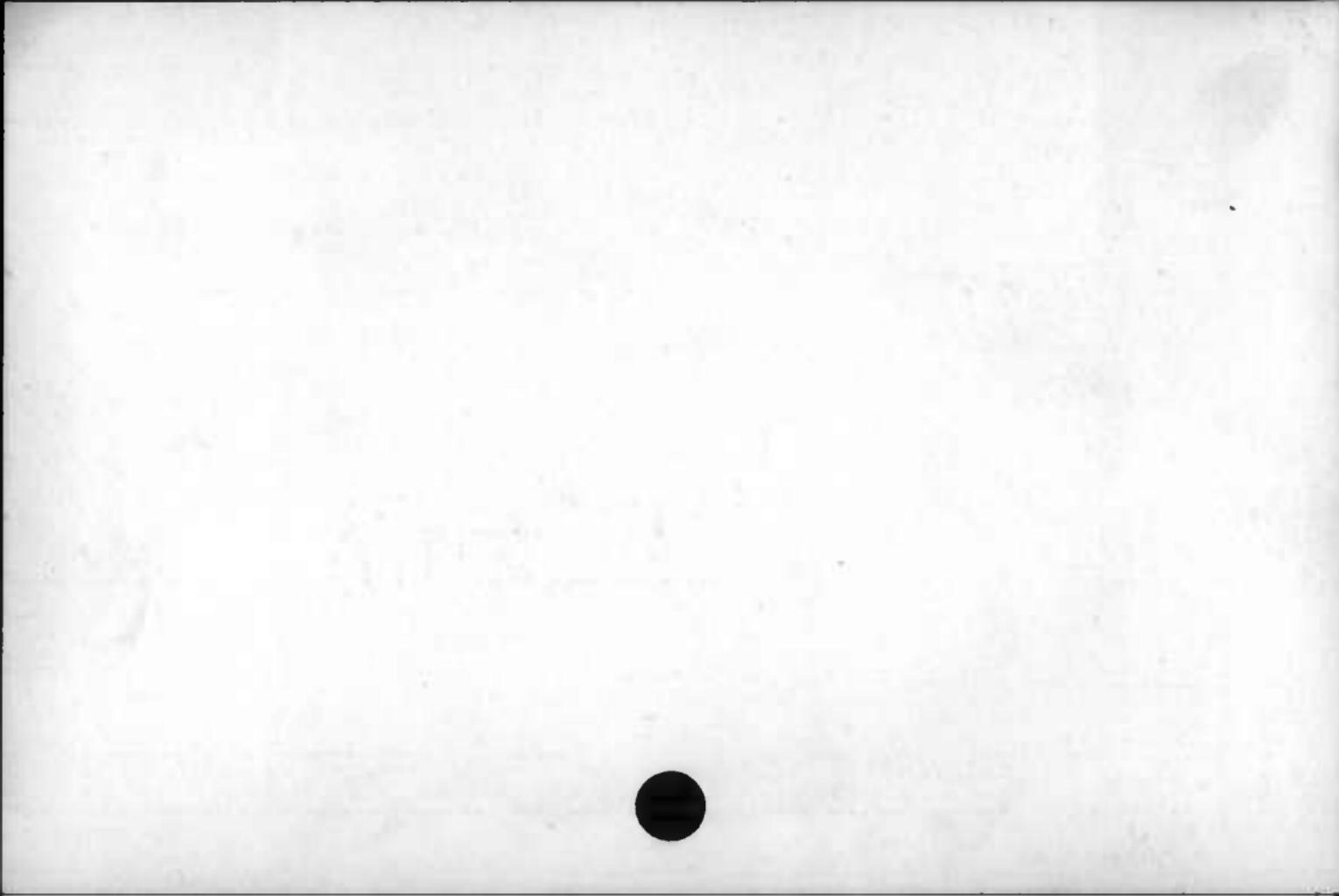
Address

Roger Myers

1 Herbold

Md

Accident or Suicide?



Name
in
Full

Noah Woolford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town Bucktown, Md. County Dorchester

MARYLAND

Date
of death

1908

Month Sept

Day 20

Age 65

Years 65

Months

Days

Sex Male

Color or
Race colored

Birth-
place

Near Bucktown

Occupation

Labour

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Noah Woolford

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Jennie Strawberry

Mother's
Birthplace

Dorchester Co

Name of person giving
Information

Chas. E. Jackson

How related
to deceased

no relation

CAUSES OF DEATH

14

How long

Primary

Hysteria

How long

Immediate

St. Wave

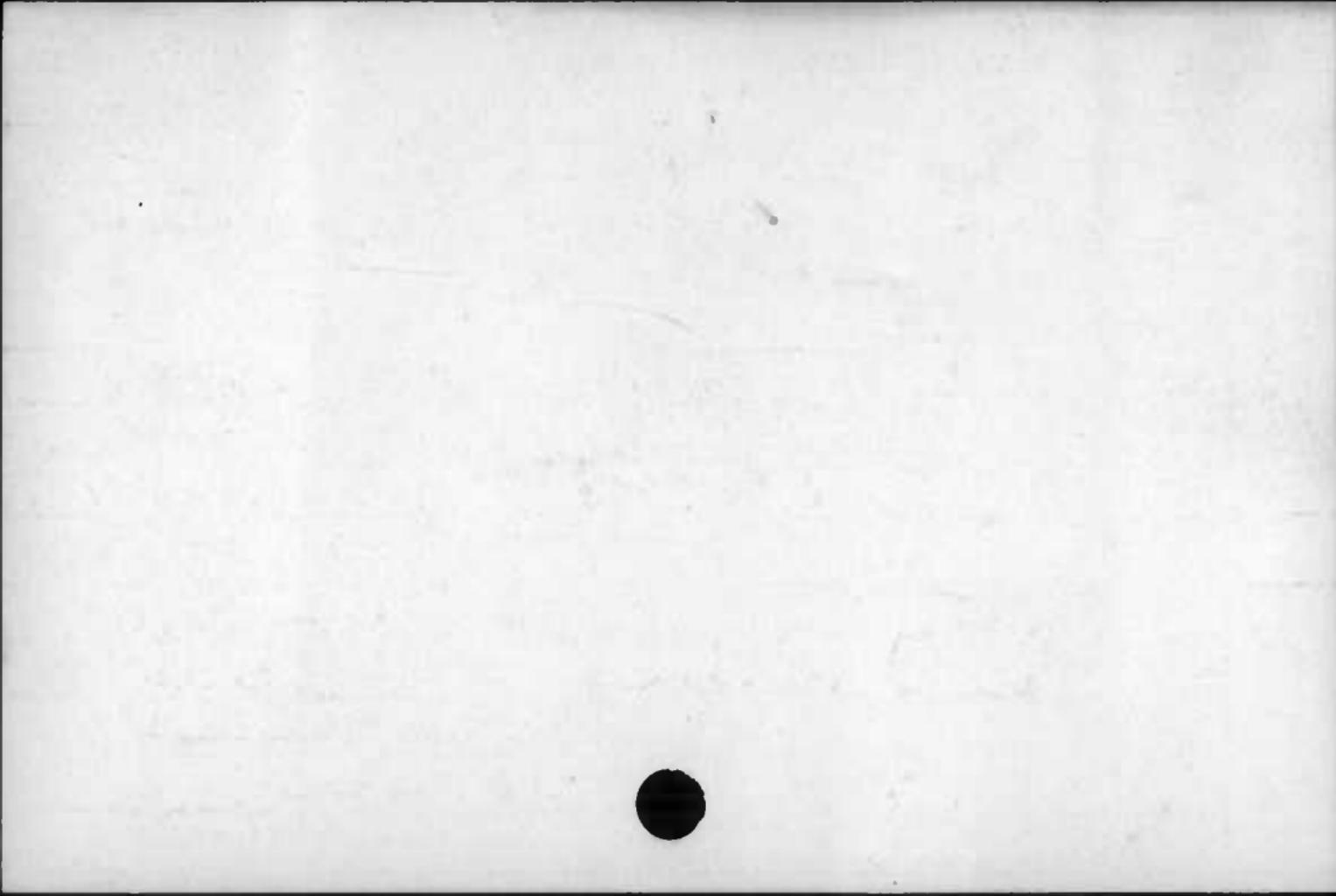
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Unknown white man

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Found dead at Barrow Island		Town	County		MARYLAND	
Date of death	1908	Month Sept	Day 7th	Years Age about 35	Months	Days
Sex	Male	Color or Race	white	Birth- place	Unknown	
Occupation	Unknown			Where Residing if not at place of death	Unknown	
Married, Single or Widowed	Name of Wife or Husband					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related Indicated		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Unknown; probably drowned	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	W.H. Houston, MD	
	Address	Fishing Creek Ind.
Accident or Suicide?	Unknown	

